

# A study of the meal and contemporary citizenship

Investigating how certain approaches to caring may contribute to the development of an experienced, non-orientalist citizenship for the future.



Helena Margrethe Strandli Schmidt

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Supervisor: Trygve Wyller

The Faculty of Theology, University of Oslo

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## Contents

Chapter 1: Introduction.....	6
Research question.....	6
Meal traditions.....	7
Institutionalised practice and caring.....	8
Contemporary citizenship.....	8
Background – institutions, caring and citizenship.....	9
The Salvation Army.....	12
Gatehospitalet – its history and practice.....	14
Structure of the thesis.....	18
Chapter 2: Method.....	21
Adaptive Theory.....	21
Purpose.....	22
Participating observation.....	22
Recording material.....	24
Coding and analysis.....	25
Ethical considerations.....	27
Validity.....	28
Reliability.....	29
Chapter 3: Gatehospitalet.....	32
Gatehospitalet: Results from the field study.....	33
Women’s ward.....	33
Men’s ward.....	38
Summary of results.....	41
Chapter 4: Meal traditions: theories and research.....	44
Defining meals.....	44
Anthropological studies on the meal.....	45
Food’s cultural system of knowledge – meals as a cultural and social arena.....	46
Food, power and community.....	48
Meals and the marginalised.....	50
Meals at Norwegian health institutions.....	50
Chapter 5: Institutional practice and care.....	52

Discipline.....	52
Punish .....	53
Methods of discipline.....	56
Chapter 6: Contemporary citizenship: belonging and becoming.....	58
Belonging and becoming: where are we now? .....	58
Citizenship – an outline of the historical development.....	58
Universal citizenship – equal rights for all? .....	60
Group-differentiated citizenship: Iris Marion Young.....	61
Citizenship after Orientalism.....	63
Multiculturalism: Tariq Modood.....	66
The theorisation of Acts of citizenship: Engin Isin and Greg Nielsen .....	68
What is an act and what is action? .....	69
Creative Acts of citizenship .....	70
Responsibility and answerability .....	71
Answerability with Cosmopolitan Intent.....	72
Chapter 7: Discussion .....	77
Meal traditions.....	77
Is the meal at Gatehospitalet also more than eating? .....	78
Does the meal have a social function? .....	79
Are meals at Gatehospitalet empowering?.....	81
Summary of meal theories and Gatehospitalet’s meal compared .....	83
Institutional practice and caring.....	84
Planned and disciplined.....	84
Spatial expressions of power.....	84
Marginalisation to normalisation.....	85
Physical sharing .....	86
Summary of Gatehospitalet seen through the readings of Foucault .....	87
Contemporary citizenship .....	88
Interpreting citizenship theory .....	88
Re-introducing Acts of citizenship .....	90
The meal break – normalising or recognising? .....	94
The original act of citizenship?.....	95
Some final comments to the citizenship theories.....	96
Chapter 8: Conclusion .....	98
Concluding comments .....	99

Suggestion for further study: Heterotopic space?.....	100
References .....	101
Attachment 1 .....	107
Attachment 2 .....	108

## Chapter 1: Introduction

There are currently discussions that question the meaning of citizenship and its relevance to a future with increasing migration and potential outsiders. Citizenship today means more than just membership to a state and at the same time many of those actual members, the citizens, are marginalised. Care, in institutions and society, is one of the contested issues that are being discussed as parts of the citizenship debate. Some of the contributions to these discussions involve ways of including while acknowledging difference. All the while we are experiencing an era of individualism and rather than merely belonging, it is now important to pursue what each individual can become.

In citizenship terms *belonging* is associated with equal rights for all, the development of social rights and universal citizenship. It also includes various methods by which different subjects claim their individual and group-rights to citizenship. Recent theories have expanded the citizenship meanings to include something that we may also *become*. One of the important aims in these theories is to develop ways of understanding and accommodating citizens beyond the borders of difference.

As a part of medical treatment meals are essential. Meals are also something with which all people can relate. At Gatehospitalet<sup>1</sup>, a Salvation Army hospital in Oslo, patients are men and women being treated for the physical wounds from injecting drugs with needles. Most of them are homeless, some have slept rough for years while others are trying temporary housing projects or sleeping in hostels. Some of these patients represent the invisible citizens of Norwegian society. Gatehospitalet is run according to the Salvation Army slogan *soup, soap and salvation* where the aim is to offer treatment for the whole human being. The hospital is fully financed by the Norwegian government. It is one of the few health institutions in Oslo where all meals are shared between patients and staff.

### Research question

An aim in this thesis is that the microcosmic investigation of a particular meal practice at a religious caring institution can raise questions for a larger discussion on the place of citizenship representation.

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<sup>1</sup> Gatehospitalet: The street hospital

The question of a link between citizenship and the meal first came to mind after a student visit to Gatehospitalet. I started thinking about how the experience of eating is one that we relate to in one way or another. It seemed that the practice of eating together in an institution with conflicting power relations was rare, special and perhaps also important. I questioned how and why this practice had developed and how it interfered with the paradox of citizenship, particularly those theories that aim to explore the empowerment of the marginalized citizen. It became important to find out if there was a link between the institutional practice of the common meal and contemporary theories on citizenship. To investigate this potential connection I performed a field study at Gatehospitalet. The research questions were developed after the results from the field study were analysed and through a continuing dialogue between varied theories. The following research questions have been developed:

What implications might the investigation of meal traditions as practiced at a religious health institution have on the development of contemporary citizenship theory? Can certain approaches to caring contribute to the development of an experienced, non-orientalist citizenship for the future?

These are complex questions from which I have identified the following central themes: **meal traditions, institutional practice and caring and contemporary citizenship.**

## **Meal traditions**

The meal has multiple representations and equally many values. It is associated with humans on all levels of being. While food is elementary to human existence, how and with whom one consumes food varies extensively, and in accordance to human individuality. Still, there are some traits that make the idea of a meal universal. Meals are parts of our daily routines and remain the constants throughout a human being's lifetime. Milestones, celebrations and mourning are also often represented through meals.

History has seen common meals institutionalised in prisons, hospitals, schools and factories. Common meals in institutions are critically viewed as instrumental parts of medical treatment, surveillance tools in prisons or control mechanisms in schools. And just as much can they be arenas for social interaction, sharing and learning. Meals can reflect culture, communicate identity and be social arenas for interaction and sharing. In Scandinavia meal traditions are developing in pace with global influences at the same time as most meals are consumed in the

home. In Norwegian health institutions meal practices vary and while homes for elderly arrange common meals for their patients, hospitalised patients more often eat their meals in solitude. Few institutions practice meals where patients and staff eat together.

### **Institutionalised practice and caring**

Caring today is institutionalized in the shape of the welfare state at the same time as religious institutions continue to aid the public system and can be understood as important contributors to social help and caring<sup>2</sup>. In Norway religious organisations supplement the system particularly when it comes to caring for the marginalised. In both secular and religious institutions we find the *new professionals* who have the knowledge and skills to protect, care and convey the message of citizen rights<sup>3</sup>. The way care is given is subject to constant investigation and French philosopher Michel Foucault is one who has supplied us with critical insights on society and its institutions. It seems that marginalisation is made visible when it is institutionalised and as such the way care is given should also be applicable to understanding care between, and for, citizens outside of institutions and within society.

### **Contemporary citizenship**

The social and political sciences are exploring the development of citizenship in a world with increasingly *permeable borders*<sup>4</sup>. Citizenship theories are varied, conflicted and many. Yet a common aim in contemporary theories on citizenship seems to be the empowerment of the marginalised citizen and non-citizen<sup>5</sup>. Many theories debate how marginalisation has been inflicted on people through territorial division and how it is maintained through detrimental policies. While differentiated rights and emphasis on equality have empowered some it has also led to the obscured discrimination of several groups<sup>6</sup>. Several attempts are being made to name a citizenship for the future, one that is not conditioned by an *orientalist*<sup>7</sup> approach. Some claim that mechanisms for separating *them*, the deviants, from *us* are a fundamental way of

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<sup>2</sup> Foss 2004:159

<sup>3</sup> Wyller 2011:61

<sup>4</sup> Permeable: the ability to let some things pass across borders

<sup>5</sup> By non-citizen I am here referring to the undocumented/illegal. Non-citizen will also be used to include those who are experiencing being left out of common citizenry, or who are classified as marginalised.

<sup>6</sup> Isin/Wood 1999

<sup>7</sup> Edward Said introduced the term Orientalism: a way of describing the East contra the Western world democracies. Engin Isin has taken up this discussion and claimed that fundamental to citizenship theory has been an orientalist approach that separates *them*, from *us*.



perceiving and thinking of citizenship. As of today, developments in theoretical citizenship seem to exemplify how fragile a term it is.

Within the borders of the welfare state and its institutions for caring there are those who do not belong, who are citizens but yet not. The science of Christian social care<sup>8</sup> relates to citizenship studies and explores ways in which professionals and citizens act both within and outside the context of the modern welfare state. Questions concerning religious approaches to caring and normative ethics are related to institutions, religious and secular. Integrated in distinct aspects of debates over citizenship are questions of care as social obligation, recognition and redistribution<sup>9</sup>. In recent theories on citizenship we find an increasing emphasis on the active *citizen, stranger, alien and outcast*<sup>10</sup>. This interest in the activation of the marginalised may be associated with popular claims of how modern welfare states make passive citizens. Perhaps more acutely it may be a theoretical reply to the increasing number of visible non-citizens, either those without legal citizenship, those who for different reasons feel dissociated with their legal state memberships or those citizens who only exist in the *interstitial spaces*<sup>11</sup> of society. While citizenship terminology are increasingly found translated into debates on care, and vice versa, I question whether religious approaches to caring might also have impact on the development of contemporary citizenship.

## **Background – institutions, caring and citizenship**

The following historical background will relate caring and institutions to the subjects of citizenship in line with the central themes that were outlined above. The history of the Norwegian welfare state is briefly described with religion as an analytic variable. A description will be given of the Salvation Army and Gatehospitalet.

This should have highlighted how the further investigation of a religious institution for caring is relevant in a citizenship context.

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<sup>8</sup> Diakonivitenskap

<sup>9</sup> Kershaw 2008: 44

<sup>10</sup> Isin/Nielsen 2008: 6

<sup>11</sup> Simon Critchley (2008) uses the term interstitial space when referring to citizens acting from a distance to the state. I will borrow the term in this introduction, applying its biological/spatial meaning, suggesting that some marginalized citizens exist only in the in-between spaces, territorially separated from citizens proper.

## A short history of the Norwegian Welfare State

Contemporary society is characterised by an individualism that seems to question the collectivism on which the Norwegian welfare model is founded. This has led to new investigations of our society where previously unnoticed variables have been included. One of these is how religious and cultural traditions have influenced the welfare model.<sup>12</sup> At the time of the economic recession in the 1980's the historical question of the worthy and unworthy poor again became a political concern and it was questioned whether the welfare state had been successful in achieving its goals of *equality, security and liberty*<sup>13</sup>.

The historical term *Welfare state* became commonly used after World War II. Even within Scandinavia the welfare states take on different shapes but common is the high degree of public responsibility for guaranteed rights to welfare<sup>14</sup>. In the period between 1945 and 1975 defining developments in policies took place such as *universalization* and *professionalization*. Universalization implied that all citizens should be entitled to certain benefits. With the increasing responsibility of the state for social and health issues the development of new specialised professions became necessary. Centralisation had implications for the way private ideal organisations were becoming increasingly controlled by the state. Answers to these policies came in the period after 1975 when the welfare state's classical era<sup>15</sup> had passed. Anne Lise Seip notes that: "The government prescribed certain norms that the private organisations had to follow in order to receive funding".

The gradual development of the welfare state can be seen as a reply to the increased levels of unemployment and recession. At the same time it is interesting to note how other factors affected the implementation of benefits that had already been established prior to the welfare state. This is where the protestant tradition can be linked to the Norwegian model, particularly through some central values inherited from Martin Luther and the Reformation; the value of labour, how to treat the poor and the church-state fusion with subsequent transfer of what had previously been the Church's responsibility to the public domain.

After World War I social policies became the interest of Europe. Norway followed up by introducing benefits for marginalised groups such as the elderly. The economic depression in

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<sup>12</sup> Kahl 2009

<sup>13</sup> Seip 1994

<sup>14</sup> Seip 1994

<sup>15</sup> Seip 1994: 16

the 1930's changed the political landscape and social politics became the issue of class struggle<sup>16</sup>. With the increasing public responsibility for social security from 1900 and onwards also came a need to map the marginalised. People still turned to the philanthropic organisations and local congregations for help. While these struggled with funding it became increasingly important to assure that citizens did not receive help from both the public and private organisations<sup>17</sup>. At that time many philanthropic organisations worked with building institutions for the elderly, children and those suffering from alcohol addiction. Additionally they provided financial help to those in immediate need.

By 1924 in Oslo some 30.000 individuals and families were registered in *Kristiania Sociale Register*, with which 68 municipal and 35 charity organisations cooperated. Particularly successful was the cooperation between Oslo Inner Mission, now Church City Mission<sup>18</sup>, and the municipal. Philanthropic organisations have been influential in implementing political decisions, particularly regarding care for children, the ill and the family. By contributing with suggestions, debates and as role models for care giving, they have had great impact on the way the welfare state has developed. Towards the 1970's many of these organisations became public, which affected the way they were run.

Also developing in this period was the scientific explanations to *genetic criminality*, illness and even poverty. Seip notes how these theories led to great stigmatisation and terms such as *inferior offspring* and *poor genetic material* justified the dark part of Norwegian socio-political history that forced sterilisation on some groups. Drug use was identified as a political problem in Norway during the early 1960's, but similar reasoning as was used to implement forced sterilisation justified the policies that were to shape the way drug users have been first criminalised, then marginalised and diagnosed<sup>19</sup>.

The period after World War II until the 1970's was characterised by a *political consensus*<sup>20</sup>. Sigrun Kahl has investigated how religion might have affected this consensus in the development of the welfare states "through the institutionalisation of religious doctrines into countries' poor relief systems, and the secularisation of these institutions"<sup>21</sup>. By comparing the developments of social policies in Lutheran, Catholic and Calvinist/Protestant Reformed countries Kahl detects systematic differences that point towards how religion has made an

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<sup>16</sup> Seip 1994: 22

<sup>17</sup> Seip 1994: 45

<sup>18</sup> Kirkens Bymisjon

<sup>19</sup> Ødegård

<sup>20</sup> Seip 1994

<sup>21</sup> Kahl 2009: 267

impact on these developments. She has described how contemporary welfare systems can be said to have a religious fundament, with special regards to the Lutheran poor relief and how this lay the grounds for charity in modern times. The tasks that had traditionally been handled by the church became the responsibility of the state. A homogenised religiosity in the Nordic countries has led to lesser conflict on grounds of polarisation than in many of the other European countries. The different state-church constellations in Europe have particularly affected the development of social policies concerning family and labour.

Until the 1950's drug use was a medical concern between doctor and patient. In 1966 Oslo faced what was named a *drug epidemic* and from early on the outcasts that represented drug users were seen as infectious. With the introduction of cannabis and stronger hallucinogenic drugs, it became an increasingly societal problem and political concern. This justified initiatives that would “renovate the population and restore the growth of the human genome”<sup>22</sup>. On a political level, policies were made as to ensure that drug users were limited in their movements. “When the number of outcasts are becoming out of control, interventions from society are justified”<sup>23</sup>.

Einar Ødegård describes how the criminalisation of drug use has expanded with 4200% from 1964, when maximum penalty was 6 months, to 1984 when drug related crimes could be punished with 21 years, the longest possible sentence under Norwegian law<sup>24</sup>. Norwegian drug policies have been ambiguous in their criminalisation, on the one hand, and development of humane drug politics on the other.

### **The Salvation Army**

William and Catherine Booth founded the East London Christian Mission in 1865. It is a Protestant Denomination of the Christian Church and took on the shape of a military organisation in 1878, becoming the Salvation Army. Whilst William Booth, General, worked with immediate relief for the homeless poor, Catherine, Mother of the Salvation Army, preached to the wealthy and pled for financial support.

As part of their mission statement, all people are welcome to join the Salvation Army without discrimination; it is now operating in 124 countries worldwide.

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<sup>22</sup> Ødegård 2011

<sup>23</sup> Ødegård 2011: 5

<sup>24</sup> Ødegård 2011

“The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination”<sup>25</sup>.

Similar to other large Christian communities worldwide, the Salvation Army is founded upon early Christian theology. Particular to the Salvation Army is the emphasis on *salvation* and *sanctification*. Salvation is universal, a possibility to all human beings, as is the importance of each individual’s creation exemplified in Jesus Christ. From this mission, the Salvation Army has developed a way of seeing people as complex creatures with spiritual as well as physiological needs. “All persons are created by God and therefore their value is inviolable”<sup>26</sup>. Ever since William Booth established the first Ins where food was served to the poor, preaching and charity have been intertwined as the way the Salvation Army operates.

*In darkest England and the way out* was published in 1890 and described the critical situation of marginalised people in mid-1800’s England. The book documented terrifying statistics on poor and homeless people, those suffering from alcohol addiction, prostitutes and orphans. It has had great impact on how the Salvation Army has been organized ever since. In the second part of his book, William Booth describes the actions that have been and need to be taken to help and ‘make a heaven for the people down here’<sup>27</sup>. The Booth’s wanted to inform people of God’s unconditional and life altering love, that all human beings had equal rights and possibilities to change and grow.

While working to realize their mission, the Booth’s soon found that hunger and insult interfered with the ability to listen to God’s message and so the famous Salvation Army slogan came to be known as soup, soap and salvation. *The three S’s* witnessed how both immediate and more holistic care was necessary to properly help all those in need and is the essence of the ideology that is Salvationism. Soup represents the physical need for food, shelter and clean clothes. Soap symbolises dignity and assertiveness. Salvation is God’s unconditional love through Jesus Christ.

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<sup>25</sup> [http://www.salvationarmyusa.org/usn/www\\_usn\\_2.nsf](http://www.salvationarmyusa.org/usn/www_usn_2.nsf)

<sup>26</sup> [www.frelsesarmeen.no](http://www.frelsesarmeen.no)

<sup>27</sup> Booth 2009

## **The Salvation Army in Norway**

In Norway the Salvation Army runs numerous projects and institutions. There are 105 congregations, 57 social institutions, 2 voluntary wards, 3 schools and 42 shops, to name some. While Salvation Army officers and affiliates visited 3343 prison cells in 2010, 50 729 bags of food were delivered to financially challenged people and the congregations served 15 479 people dinner. Of the 2500 paid employees, 180 are Salvation Army officers, 1149 are civilians and the rest are formerly unemployed, clients etc. who through the help of Fretex<sup>28</sup> have found permanent work.

After the official opening of the first Salvation Army house in Norway in 1887, a newspaper reported: “The meeting went on and on with song, speeches, prayer, and more song, without the slightest trace of liturgical order”<sup>29</sup>.

“The Salvation Army has been part of the Christian scenery in Norway for almost 120 years, and almost as long has an active, sometimes innovative and always practical and acting social commitment been characteristic for the organisation”<sup>30</sup>.

A recurring trait in the Salvation Army’s work is that all people are entitled to care regardless of status, gender or ethnicity. Whether it has been through the work of the *slum sisters* during the early 1900’s, caring for children of poor single mothers, finding jobs for the unemployed or treating the wounds of homeless drug addicts, the organisation seems always to have been able to identify and help the most marginalised.

## **Gatehospitalet – its history and practice**

A note to the Norwegian version of William Booth’s *In Darkest England and the way out* reads: “The Salvation Army’s Gatehospitalet in Oslo for drug addicts, with separate wards for women and men, is an example of how the Salvation Army challenged the welfare society on an unresolved issue and contributed, in cooperation with the authorities, to do something about the problem”<sup>31</sup>.

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<sup>28</sup> Second hand shops with departments all over the country

<sup>29</sup> [www.frelsesarmeen.no](http://www.frelsesarmeen.no)

<sup>30</sup> Gundersen 2005

<sup>31</sup> Translated from Norwegian, Note by Emil Skartveit in *In Darkest England and the way out*

In 2004 the Salvation Army in Oslo were able to open Gatehospitalet with governmental funding. It was a trial project until 2007, when it became a permanent institution with full financial support from the Norwegian government. The hospital offers treatment for drug addicts with severe physical injuries. The Salvation Army had through previous social work experienced the need for a hospital that addressed the physical demands of drug addicts. In 2009 Gatehospitalet received further funding to enable the opening of a separate ward for women. As of today aspirations for the future are to expand and build a hospice ward for the dying. NIBR (Norsk Institutt for by- og regionsforskning) has conducted investigative projects on behalf of Gatehospitalet, to map the need for a female ward and later the need for a hospice for drug users. Each project presents occurrence, treatment and health offers for drug users in Norway. *Evaluation of a Proposal to Open a Hospice Ward at the Salvation Army Street Hospital*<sup>32</sup> confirmed the need for a hospice specific for patients suffering from drug abuse, assuming that drug users are a heterogeneous group and that many are homeless and live lives affected by poor health and poverty. 'The object of this report are the outsider drug users; the poor drug users who live on the margins of society and fit neither into the health care system nor other institutions. Additionally, many experience a deeper sense of homelessness in that they have few or no close relations'. Through the report it is also emphasized that drug users have, contrary to common belief, no higher death wish than anyone else, and that the occurrence of self-inflicted death is the same for this group as for any other.

When Gatehospitalet opened there were 12 nursing positions, one of these was for a theologian. One medical doctor, office workers and cleaning staff made up the rest of the staff. The hospital received 180 applications for these initial positions and there is to this day a long waiting list with applicants who wish to work at the hospital<sup>33</sup>. Some 40 per cent of the patients are referred to Gatehospitalet by other hospitals, some from the emergency ward and very few from their general practitioner. As a group these patients are rarely in contact with their GP's and one of Gatehospitalet's aims is therefore to help patients establish better contact with the health system.

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<sup>32</sup> Dyb/ Johannessen 2009

<sup>33</sup> Skeie 2007

## Relating back to citizenship

Citizenship is best understood as a fluid term, one that is always subject to different contexts and meanings. In modern times the definition of citizenship has been debated, often criticised and to this day remains a disputed topic (perhaps more so now than ever). Movements of people and labour, economy and marginalisation are making some question whether citizenship, the term, needs to be replaced. In this first introduction some of the key developments in citizenship theory will be outlined and related specifically to global movements and difference.

## Difference and globalisation

Citizenship still carries the connotations of T. H. Marshall's social rights, and is in political and judicial terms confined by rights and responsibilities<sup>34</sup>. From this point of view it is a part of the Western world's development of democratic politics, from ancient Greece up until our welfare states. Globalization has challenged the established citizenship definition in ways that demand new discussions on the meanings and values of the term. Globalisation also implies the physical moving of people to places where they are in fact different. Claiming ones difference and expressing identity are becoming large parts of what makes citizenship<sup>35</sup>.

Historically citizenship has been the battleground on which fights for justice have been fought. In a sense, it has always been a question for the laws and politics. A modern interpretation of the term envelops the nature of the social within citizenship<sup>36</sup>. What we are seeing is a judicial term on the verge of change. How globalization is altering contexts in how to belong to a society and how to become a citizen immediately addresses the term citizenship.

Engin Isin and Bryan Turner described in *The Handbook of Citizenship Studies* (2002) how the investigations of citizenship with regards to globalisation have raised important questions about what makes a citizen today<sup>37</sup>. The content of the term is expanding proportionally with challenges like marginalisation and poverty. Questions regarding values, identity and praxis are replacing those of gender, race and class, but the position from where one discusses citizenship is still thought to be fundamentally orientalist. As Isin describes it, twentieth century theories of modernisation have evolved around, or at least included, the anticipation

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<sup>34</sup> Isin/Turner 2002: 1

<sup>35</sup> Isin/Turner 2002: 2

<sup>36</sup> Isin 2002

<sup>37</sup> Isin/Turner 2002



that the orient would finally adapt to the democratic forms of citizenship of the occident by means of ridding them of their irrational polities<sup>38</sup>. Orientalism has traditionally been the way in which *we*, the west, are separated from *them*, the east, and this division has ascribed value to the modernised west. The expression then also has as implication a separation of people by classification of difference. Attempts are now made to introduce methods for rethinking *citizenship after orientalism*<sup>39</sup>.

*Difference* is a charged word and is often used in negative descriptions. Tariq Modood is one of the theorists who have contributed to the development of this contemporary debate on citizenship by re-introducing *multicultural* citizenship. With an emphasis on ethnic and religious difference particularly, Modood argues that they be viewed as elementary sources of empowerment. With his view on religious institutions as necessary parts of the moderate secular landscape he is one of the few modern theorists who deals specifically with religion and citizenship intertwined.

Iris Marion Young has greatly influenced the development difference as a part of citizenship theory. One of her important contributions has been the critique of universal citizenship for inspiring a homogeneous citizenry while erasing difference. The communal homogeneity that universal citizenship enforces is a key maker in excluding politics, Young argues. When claims have been made that orientalism has been a guiding view at the core of citizenship theory it seems that the way in which difference is addressed has implications for the future of citizenship.

*Acts of Citizenship* (2008) is a collection of papers edited by Engin Isin and Greg Nielsen and is one of the most recent developments in citizenship theory that will be discussed in this thesis. According to Isin citizenship theory has evolved much around the establishing of habits, its emphasis being the investigation of continuities rather than discontinuities. “It seems as if social and political thought is fascinated by how bodies, habits and practices, are intertwined to produce conduct”<sup>40</sup>. The aim with *Acts of Citizenship* can be understood as a shift from this focus on habits to the breaks - situations where claims are made – the act itself. The growing numbers of sites of struggles and claims-makers provokes this shift. Up until recently the emphasis on the habitual representations of citizenship has also been a main focus

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<sup>38</sup> Isin 2002: 122

<sup>39</sup> Symposium 2012 – Citizenship after orientalism – Open University – Engin Isin

<sup>40</sup> Isin/Nielsen 2008: 20

on the individual who performs. Theorising ‘deeds rather than the doer’ subsequently shifts focus from the individual to the act that makes the citizen<sup>41</sup>.

Acts of Citizenship concentrate on the individual response to suppression, subordination and political seclusion. A theory discussing the *becoming* of citizens, it sheds an important light on the particular subject enactment and a critique of the universalization of the marginalised. As a forerunner in citizenship debates, the enactment theory presupposes a political agent within every person; the ability to mobilise and dominate self-living is central to the acting out of ones’ citizenship. The claim of universal ability to act through breaks with practice is important to discuss in relation to the meal between and marginalised citizens.

## Structure of the thesis

The introduction has given an outline of the current theoretical citizenship debates and of some implications for citizenship in practice. The research question implies that the investigation into certain approaches and practices might complement the further development of an experienced, non-orientalist citizenship. In this thesis the initial emphasis is on the meal at a religious institution<sup>42</sup>. There are many interpretations of the meal within varied disciplines and it has been the intention to collect from these some key descriptions and terms from which to discuss the meal in relation to citizenship. It has also been interesting to understand some practicalities of meals at health institutions in Norway and how these compare to Gatehospitalet.

On these ground the thesis has been constructed in the following manner:

The thesis has been structures according to the central themes that were outlined from the research question. These were: meal traditions, institutional practice and caring and contemporary citizens. Because the thesis has evolved to include such a variety of research fields I have found that a frame that repeats these themes could help the presentation. On these grounds the structure is as follows:

Chapter 1 has introduced the immediate discussion that is taking place with regards to citizenship and identified that caring practices are implemented in parts of this discussion. I chose to identify three central themes from my research question and these were outlined. It

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<sup>41</sup> Isin/Nielsen 2008: 2

<sup>42</sup> It has not been one of the aims to study the theological foundation for this religious institution.

was noted that the study of Gatehospitalet was performed from an interest in the potential connection between the meal there and contemporary citizenship theory. Then a more detailed introduction of the background for the Norwegian welfare state was given with special regards to religious and philanthropic organisations and work for the marginalised.

Chapter 2 will present the method that has been used throughout the process of this thesis in addition to those qualitative research methods that have helped me conduct the field study and analyse the material. Ethical considerations are presented at the end of chapter 2.

In chapter 3 Gatehospitalet and the results from the field study are presented according to the categories that are explained in chapter 2. The results are then summarised in a section at the end.

Chapters 4, 5 and 6 present the theoretical references of this thesis and correspond with the central themes. Some sub-questions relating to the research question will be introducing each of these three chapters.

Chapter 4: Meal traditions gives an outline of meal research from fields such as anthropology and domestic science. Here some key terminology is introduced that may help understand the meal at Gatehospitalet.

Chapter 5: Institutional practice and caring is a presentation of Michel Foucault's *Discipline and Punish*, which will be used to critically investigate Gatehospitalet in the discussion.

Chapter 6: This chapter gives a historical account of the development of citizenship before detailed presentations are given of the theorisation of Acts of Citizenship. I believe that in order to fully grasp the complexities of citizenship theory it is necessary to review its development in this way. Theories will be identified according to the terms belonging and becoming and discussed in chapter 7.

Chapter 7: Here each of the themes presented in the three previous chapters will be compared, interpreted and discussed with the results from the meal at Gatehospitalet. The central themes were meal traditions, institutional practice and caring and contemporary citizenship. From citizenship theory much emphasis will be on Acts of citizenship.

Chapter 8 summarises the discussion and some concluding comments and questions are given.

### **Some explanations**

Both Norwegian and English references have been used in this thesis. Citations that were originally in Norwegian have been translated into English.

To develop an argument about the value of experienced citizenship it has been crucial to describe what makes the patients at Gatehospitalet different. This refers specifically to how citizenship theory still seems to deal much with status, citizen or non-citizen. It is also important for understanding why Gatehospitalet exists and how the Salvation Army operates to meet the needs of all people, regardless of status. Understanding the physical decay and weakness that is caused by the wounds that this group of patients suffer from emphasises the need to assess citizenship in its specific context and is particularly relevant when considering the ability to act. The description heavy drug addicts refers to people who administer illegal drugs by injection regularly<sup>43</sup>.

An effort is made to investigate practices, while attempting neither to return to the overstated emphasis on habits that has dominated political and social thought over the last two decades<sup>44</sup> nor the orientalist way of dividing and classifying citizens and non-citizens. Further study could look more specifically at the implications of a religiously founded practice in a secular environment and generally on meals as social arenas for citizenship in the making.

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<sup>43</sup> Sæland/Smehaugen 2005: 46

<sup>44</sup> Isin/Nielsen 2008: 21

## Chapter 2: Method

The thesis has been developed through a constant interference between theory and empirical material. In this chapter the adaptive theory and other qualitative research methods will be presented according to their specific use.

### Adaptive Theory

*Adaptive Theory* has been used as a methodological reference throughout this study and is a multi-strategic approach to method and theory. “No one approach or set of rules could possibly represent the infinite diversity of social reality and thus no fixed and rigid approach should be allowed to monopolize research practices”<sup>45</sup>. This signifies an approach that inspires investigations and references from a wide range of possible theories and methods.

The adaptive theory focuses specifically on both behavioural phenomena (activity, meaning and lived experience) and systematic phenomena. It attempts to trace the reciprocal influences and interconnections between people’s social activities and the wider social (systematic) environment in which they are played out. This approach has led me to consider a wide range of theoretical references from various disciplines and to let them “speak” to the material throughout the process. While the theoretical foundation for the field study is contemporary citizenship, my preconception was limited to the interest in whether or not there could be a link between citizenship and the meal at Gatehospitalet.

“Adaptive theory employs both deductive and inductive procedures – although the exact blend will depend on the circumstances – in order to formulate theory”<sup>46</sup>. Where other methods, such as *grounded theory*, explicitly focus on the material and then on creating theory, adaptive theory opens the analysis for the naturally occurring dialogue between theory and material. It has been influential to the outcome of this study that I have been aware of this “dialogue”. I believe that letting the material and theory shape each other throughout the process has implied continuous critical investigations of each element.

The constant theoretical imagining of the various investigations as if they were placed in different contexts allows for a dialogue between individual and society, practice and theory.

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<sup>45</sup> Layder 2005: 134

<sup>46</sup> Layder 2005: 134

In the case of Gatehospitalet, this method has inspired a thorough look into the traditions that have shaped the appearance of the hospital, but also the hospital in comparison with public health institutions in Norway and other theoretical references to institutions and meals such as Michel Foucault's *Discipline and Punish* (1975).

## **Purpose**

Because my interest was to investigate if there was a connection between the meal and citizenship I needed to find out more about the meal than what could be found in written documents or even through interviews. I needed to experience for myself what the meal was all about. The purpose of this field study has therefore been to investigate the meal in its own right, but with an acknowledgement of the hospital context and the people that are necessarily a part of this meal.

## **Participating observation**

Qualitative research methods investigate in-depth given situations, and take into account the experiences, perceptions of the participants and phenomenon that are naturally occurring within that environment.

Qualitative methods can be divided into three main categories; interviews, observation and written documents. There are many directions within the field of qualitative research that have shaped its development during the last century, one of which is phenomenology. With its emphasis on the subject perception of phenomena, it has opened for a take on human sciences that offers a clear counter-view to the objectivism inherent in quantitative research<sup>47</sup>. While I will not give a more detailed presentation of phenomenology I want to note that the introductions to phenomenology by Elisabeth L'Orange Fürst (1995) and Dan Zahavi<sup>48</sup> (2007) have been essential to my understanding of phenomenon and the observer role.

I have considered qualitative interviews or participating observation to be the methods from which I could gain information about the meal at Gatehospitalet. Interviews are particularly useful in situations where the researcher has established prior knowledge to the field and the informants. This is why many field studies are conducted as a combination of observation and interviews. Pål Repstad notes that interviews can often seem *artificial* and important when

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<sup>47</sup> L'Orange Fürst 1995

<sup>48</sup> Zahavi 2007

constructing interview guides is to ask direct questions within the actual context<sup>49</sup>. This creates some limitations to research on fields where there is little or no prior knowledge.

Observation is a method that allows the natural field to be studied without the constructed interference of the researcher. This is not to say that the researcher is a mere observer because one of the key elements to this method is being able to participate. While interviews mostly give answers to the questions asked, observing a field can give insight into unexpected events and phenomenon and depending on the time spent in the field one can potentially identify routines and breaks. It seemed that in order to understand the meal I would need to experience it as a participant.

### **Being the participating observer**

Repstad gives an elaborate account of the observer role in the field. Much consideration should be given to the ways of balancing the participant and observer role. Patton also elaborates on the advantages of observational studies in comparison to interviews<sup>50</sup>. Applied to this study, the observation is a method that could potentially aid in capturing elements about the routines surrounding the meal that would probably not have been as inherent from an interview.

“Experiencing the program as an insider is what necessitates the participant part of participant observation. At the same time, however, there is clearly an observer side to this process. The challenge is to combine participation and observation so as to become capable of understanding the program as an insider while describing the program for outsiders”<sup>51</sup>.

### **Reactive effects**

*Reactive effects* are those implications on the field that occur when an outsider enters it with the agenda to investigate something<sup>52</sup>. While there are certain things one can do to minimize this effect, the best is to be aware of the possibility that the field might appear differently when you are not there<sup>53</sup>. As the observer learns to know the field, rather than viewing her presence as a contamination of the natural environment, reactive effects should be viewed as

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<sup>49</sup> Repstad 2009: 76

<sup>50</sup> Patton 1990

<sup>51</sup> Patton 1990:207

<sup>52</sup> Repstad 2009

<sup>53</sup> Repstad 2009

ways of revealing the essences of social relations and phenomenon in the field<sup>54</sup>. Equally important is for the researcher to remain an outsider. In my experience from this field study, learning to balance the adapting to the field while remaining the necessary outsider is a concern that should not be allowed to overshadow the actual experience of participating and observing.

### **Approaching Gatehospitalet**

I sent an e-mail to the leader at Gatehospitalet where I asked permission to observe and participate in their meals over a period of approximately one month. I proposed that I participate in 2 -3 meals per week. This was welcomed and I was given permission to come and go as I pleased. Before starting the field study I had a meeting with the leader where we discussed the conditions including ethical concerns for patients. On suggestion from the hospital I extended each observation to one half hour before and after each meal. This would allow me to participate in the food preparations and clearing the table.

My experience from Gatehospitalet was that the meal was such a routinized event, and at the same time that there were often visitors during meals, so that my presence seemed to have little impact on the natural environment. When I was told to wear a uniform like the one the rest of the staff had, I hesitated and was worried that patients might think I was one of the staff, which would mean participating in the meals under false pretences. I ended up wearing the uniform, but patients spotted me as an outsider immediately.

Another consideration that needs to be mentioned is gender, specifically being a female in an all men's ward. I had no knowledge of the staff in the wards, if there were only male staff in the men's ward etc. In that case my presence would in itself have been both an intrusion to the patients and staff, and a cause for *reactive effect*. All I knew in advance was what I had read about the hospital and how soon after opening it had become necessary to separate women and men in two wards. It turned out that there were male and female staff in both wards, which made gender much less of an issue than I had anticipated.

### **Recording material**

The field notes were recorded immediately following each session of participating observation in a suitable place close to the hospital. To recollect as accurately as possible the

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<sup>54</sup> Emerson et al. 1995: 3



events that had occurred during the day, a memory technique described by Repstad<sup>55</sup> was used that involves remembering particular words and phrases, fixating images and key events, acknowledging that a precise recollection of the entire session would be unlikely to achieve. Repstad also describes methods for systematising the material in columns, actual events in one column and any thoughts or comments in another. Particularly considering the validity of the material it is important to keep track of where the information has derived from.

Each session at Gatehospitalet made approximately 2-5 pages of written material. The table and seating was drawn for each meal. Writing field notes is a learning process, particularly for a first timer. It has been challenging to observe and record information. Some things have seemed irrelevant at first and then turned out to be essential details. A few days into the field study I found an effective method for recording as much as could be remembered from each observation. Still, some events have come to mind in hindsight, while looking through the field notes, and have been added to the written material after finishing the actual field study. All the time, the validity of the material has been under constant questioning to ensure the most accurate descriptions of what really happened during each observation.

After finishing the field study I transcribed all the hand written material to a digital document. All text was included as it were, without adding or erasing anything and making a total of 11 pages. This document was printed in 10 copies to be used in the following stages of analysis.

### **Coding and analysis**

I have experimented with methods such as making matrices to cross-examine coded categories. In adaptive theory a process of *pre-coding* is suggested where naturally occurring categories are allowed to appear, similar, but not identical to that of *open coding* in Grounded theory<sup>56</sup>. Pre-coding involves looking through the material and coding the naturally occurring categories without specifically considering the theoretical background, yet acknowledging the theoretical preconceptions that created the research question.

The naturally occurring categories were those that separated the material in happenings before, during and after the meal. At this stage both wards were considered together, attempting to deconstruct the material into smaller units. The categories were coded in three different colours on a separate copy.

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<sup>55</sup> Repstad 2009

<sup>56</sup> Charmaz 2006:42

After going through these categories it became apparent that there were some significant differences also in atmosphere before, during and after the meals. It should be noted that my perception of atmosphere was the only indication of its occurrence. I chose not to give much consideration to quotes such as “the food is good”, as I found descriptive quotes gave little insight into the actuality of perceiving the meal. As the purpose of the study implies, it has been important to investigate the meal as an independent phenomenon, not the particular participant’s perceptions of it.

Applying quite simple logics to this stage of coding, I saw that where two or more colours overlapped, there was reason to question grounds for further investigation/ expanding categories. Where there was no overlapping, I similarly questioned if the category could be dismissed. At this stage I started keeping track of random thoughts, questions and comments that appeared, as I got more familiar with different aspects of the material. Derek Layder suggests the technique of *memo writing* as a step in relating to and generating theory<sup>57</sup>. While analysing any data, essential thoughts and possible links appear that are often lost in the process. Memo writing allows the researcher to move between theory and preconceptions, new theories and data, codes and pre-codes, continuously, without losing track of the research question.

After the first round of analysis it seemed as if I needed to develop a category that emphasised the spatial aspect of the meal. It became important and interesting to identify what it was that made the atmosphere, the sounds and experience, change as we sat down to eat. The new category *at the table* looked similar to the previous during the meal, and I planned to compare the two to find if they were identical. Additionally, I collected all reoccurring events in one category named *habits*. From this I wanted to crosscheck where (before, during or after meals) reoccurring events happened most frequently, to later decide whether these could be interpreted as habits.

Returning to the adaptive theory it is suggested that a constant dialogue between the most possible “referees” opens for an in-depth analysis of the material whilst letting the context (theoretical and societal) play a part in the shaping of the second stage categories. Having established that there were in fact some changes occurring leading up to each meal I tried to reconstruct the entire material according to the new categories. I conferred with citizenship theories and expanded the theoretical references to involve both critical studies of institutions

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<sup>57</sup> Layder 2005

and more food studies. These studies opened for ways of understanding why and how people eat together that I had no previous knowledge of.

The results will be presented according to the categories *before the meal, at the table and after the meal*. Each ward will be presented separately as *women's ward* and *men's ward*. I would like to note that there were some obvious differences in the two wards that would have made interesting investigations to gender research. It seems that when the genders are separated in this way, the stereotypical male and female appears more vividly. Gender comparisons beyond what little mentions made in the presentation of the results are however not the concern of this particular study.

### **Ethical considerations**

“In qualitative research, as it often proceeds in practice, the researcher pursues a theme (more or less vaguely defined), looks for observable facts that shed light on this theme and gradually develops hypotheses that correspond with the registered facts. Hopefully the researcher is awake, honest and professional enough to also include in the analysis and interpretations impressions from reality that contradict his or her expectations”<sup>58</sup>.

With this Repstad has summed up in ordinary language what I understand as any researcher's most essential ethical obligations, to be *awake, honest and professional*, also when it seems that the analysis is going in different directions than what had first been anticipated. In theoretical terms these assessment criteria have names such as *validity, reliability and objectivity*. While some researchers have argued that quantitative criteria cannot necessarily be used to assess qualitative research<sup>59</sup>, others insist that established terminology should only carefully be replaced as it represents recognisable descriptions of ethical considerations<sup>60</sup>. Cuba and Lincoln<sup>61</sup> have proposed that terms as *credibility, dependency and confirmability* replace the above mentioned to fully capture the characteristics of qualitative data. Katrine Fangen has presented a wide range of interpretations of each of the quantitative terms and suggestions for how they might be applied to qualitative research. On these grounds I have chosen to focus on the *validity* of the thesis. Concerns for reliability will also be mentioned.

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<sup>58</sup> Repstad 2009

<sup>59</sup> Fangen 2004

<sup>60</sup> Repstad 2009

<sup>61</sup> Fangen 2004: 195

## **Validity**

The validity of material, analysis and interpretation implies truthfulness. The question is to what extent the research measures what it was meant to measure. Fangen says that the validity of participating observation is often strong because of the nature of this method where the researcher observes rather than using pre-made questions to gain information<sup>62</sup>.

Before going in to the field I had made some decisions that would limit what was observable, namely that I would spend time at the hospital before, during and after lunch meals. It was mostly through the conversation with the leader at the hospital that I came to set these times. I was informed that much of the day is either spent resting or receiving treatment so this time of the day would cause little interference with the general schedule. It could perhaps have strengthened the validity of the material if I had also participated in some breakfast or supper meals. While the results are based on observations of lunch meals only, I have through conversations with meal participants been explained how breakfast and supper meals happen and have included some moderate generalisations regarding all meals at the hospital based on these descriptions.

Considerations of the validity of analysis and subsequent interpretations have been outlined above as a constant dialogue between the material and a variety of theories. It has been described that the focus of this study has been the meal itself, not the participants as such. There are always possibilities of misinterpretations and participating observation is in a sense a vulnerable method because so much focus is placed on the subject experience of a field. It has already been mentioned how the researcher should participate in the field and adapt to its natural flow, but avoid participating in a way that changes the natural interaction<sup>63</sup>.

## **Assessing field notes and analysis**

The field notes were written in two columns; one for actual happenings and one for my comments. I found much help in this when first trying to make sense of the notes after finishing the observation. When going through the notes I found that I had much less information than I had anticipated. This made me question whether I should return for a second period of observation or possibly extend the method by developing some interviews for some of the patients and staff. I concluded that a second period would most probably give me more of the same and I had already written off interviews due to the study's specific meal aim.

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<sup>62</sup> Fangen 2004:196

<sup>63</sup> Fangen 2004: 109

With this decision started the real analysis of the material, some of which have been described above in relation to adaptive theory. After analysing the notes I went back to the theories and tested how the appearing categories corresponded. At this stage I found that in order to validate my observation of the meal I needed also to critically investigate the material through other theories than previously assumed. This is where Foucault's descriptions of discipline and normalisation have been applied to the material. The theories are described in chapter 5 and the meal read with these theories are presented in the discussion.

Again returning to citizenship theory with the material and the critical view of there was still something missing in order to make full use of the material. I decided to investigate the material through established research on food and meals. Because meals carry some sort of meaning to all of us, most often in ways that we have not considered, I expect that both researcher and reader will apply certain preconceptions to the immediate understanding of the meal. The meal research described in chapter 2, particularly anthropological theory, has been used to make sense of some of these common preconceptions and relate them to Gatehospitalet's meal through terminology defined as *foodways*. Applying these terms to the understanding of the meal may also be viewed as a sort of positivistic assessment of how the material corresponds with other research on the same field.

While there are several ways of assessing the validity of material it has been said that the data produced by participating observation is particularly difficult to consider because it is produced from a first person perspective. As one who presents experiences of a field it is important to remember the obligation one has to presenting people and situations truthfully. It is equally important to keep in mind, both when in the field and while working on the material, the ability to see the material both as a participant and an observer. Letting others read and assess what you have written is of course also important.

### **Reliability**

Fangen says that the more detailed descriptions of method and procedure for interpretations the easier it will be for someone else to assess the reliability. I have attempted to explain the various choices made throughout this process in as much detail as possible so that readers might have the tools and material to assess the study. By critically investigating the material

and questioning the way in which categories have been developed and arguments made, I hope to have made the most *probable interpretations*<sup>64</sup>.

Through the reference to other studies on meals in varied contexts I have found connections between these meals and the one at Gatehospitalet. Repstad notes that were as many other researchers as possible have made similar conclusions as you have, the reliability is high. I would not claim that the particular reliability of my findings could be based on their connection to other similar studies, but note that this is one way of investigating if the material is within certain research boundaries. What I would claim is that other persons visiting Gatehospitalet would be likely to experience something similar to what I found there.

### **Other considerations**

I have sought advice from several competent researchers within the field of ethics and been advised not to report this study to Norsk Samfunnsvitenskapelig datatjeneste<sup>65</sup> (NSD) on the grounds that the aim was to study an event, not people. The National Committee for Research Ethics<sup>66</sup>(NESH) describe that studies that might identify individuals should be reported<sup>67</sup>. There are however special conditions for this study. Even though when studying an event such as the meal it is unavoidable not to also observe the persons involved in this meal it was clear to me that my interest was not primarily in the meal participants. The information regarding any persons in this study is limited to that which has already been made public through the articles and reports that are referred to in chapter 1. These inform that Gatehospitalet is a hospital with patients of both genders in treatment for wounds inflicted by injection of drugs and that staff are health workers, administrative and cleaning staff also of both genders.

Since I had little conception of what to expect from the meal I prepared guidelines as to ensure that any personal information was treated confidentially and that anonymity would be safeguarded. I have also regularly referred to the guidelines prescribed by NESH.

The NESH note that personal information such as name, age and social security number in combination with gender, profession and hometown could compromise anonymity. One of the

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<sup>64</sup> Fangen 2004: 208

<sup>65</sup> Norwegian Dataservice for Social Sciences

<sup>66</sup> De nasjonale forskningsetiske komiteer

<sup>67</sup> De Nasjonale Forskningsetiske komiteer: 2006

precautions I made when writing field notes was to never note name, age or other person descriptions such as dialect, ethnic origin, etc. Similarly, any descriptions of people or other things that I found could identify people have not been included in the presentation in this thesis. I have also left out the dates and year in which the field study was conducted because there is such large turnover with staff working shifts and patients staying for short periods of time. With these considerations in mind I was also obliged to present the actualities of what happened, as I was given permission to by Gatehospitalet, before, during and after lunch meals.

### **Informed consent**

Although ethical considerations have been made throughout this process there are always dilemmas and situations where neither ethical guidelines nor competent advice can convince you that a decision is completely right or wrong. I am nevertheless confident that no person can be identified through my material and that the meal as an intimate situation has been treated respectfully.

I had received a general permission from Gatehospitalet to participate in and observe meals<sup>68</sup>, but I also found it was necessary to ensure that all patients and staff who participated in the meal did so with the information of my participation, main interest and obligation to confidentiality. This was done through an informed consent letter that was presented to patients and staff at each ward prior to the field study.

Considering the situation I found that another way of accommodating the patients and staff was to keep a continuous dialogue that enabled me to see when I was welcome and not. This implied that I was prepared to leave any meal if someone was uncomfortable with me participating on any particular day. After the first day of observation I learned that staff and patients were familiar with visitors; researchers, journalists and Salvation Army officers from other institutions.

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<sup>68</sup> See attached

### Chapter 3: Gatehospitalet

In this chapter Gatehospitalet will be presented through an introduction on history and practice, followed by the presentation of the results from the field study. The introduction is based on reports, articles and the student visit made to Gatehospitalet prior to the field study.

Gatehospitalet is in a way a confirmation that the ‘human is more than a soul. We all have physical, psychosocial and spiritual needs that have to be met in a certain order’<sup>69</sup>, which has been described by William Booth as one of the core foundations for the practices of the Salvation Army. In addition to the somatic care, Gatehospitalet seems to aim at offering a break from bodily pains and spiritual unrest; a place where people meet as humans with complex needs.

During a visit to the hospital prior to the field study it was questioned what the hospital implied by *preaching through action*. It was said that although the hospital has a religious foundation, the staff need not be religious, ‘as long as they are believable’. Sharing mealtime between patients and staff is one of the places where Salvation Army values are materialised. *Health collapse* and malnutrition are key descriptions of patients who come to Gatehospitalet and as such the meal and dining room are both physically and mentally important parts of treatment<sup>70</sup>.

The hospital is described as a service for those in need of immediate, primarily somatic care. They stay at Gatehospitalet on a voluntary basis, free to leave whenever they might choose. The hospital fronts a strict no-drug policy to maintain the optimal space and atmosphere for treatment and also to protect the community within the walls of the hospital. The treatment is successful provided that the patients are self-determined and responsible. ‘It couldn’t work if the patients didn’t feel control’<sup>71</sup>.

The average stay is 18 days, but some stay for months. There are 17 rooms shared between two wards, 8 rooms for women and 9 for men. The first patient admitted to the hospital had 138 flesh wounds. Complications from maltreatment of such wounds can be severe, sometimes fatal. On arrival patients are given a shower, clean clothes, food if they like and a conversation with a nurse. Then the wounds can be treated properly.

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<sup>69</sup> Frelsesarmeen: Booth

<sup>70</sup> [Skeie: 2007](#)

<sup>71</sup> Quote from Gatehospitalet’s leader during a visit



A news article describes the hospital like this:

“Gatehospitalet is an important and exiting attempt to create a health institution that is shaped from the needs that this particular group of patients have. By adjusting to their specific needs, not demanding that “they” be like “us”, Gatehospitalet can give the necessary treatment to a group that other parts of the health system are unable to reach. They give good care to one of the groups that need it the most”<sup>72</sup>.

Since the hospital opened numerous articles representing both staff and patient’s perspectives have been published. An immediate analysis implies that there has been great fascination surrounding this hospital because it seems to offer treatment to patients on their own terms. Headlines such as *Users recommend Gatehospitalet* and *Gatehospitalet – right treatment at the right time*, imply a health service out of the ordinary.

### **Gatehospitalet: Results from the field study**

The following presentation is based on participating observations as have been described in chapter 2. The field notes from each day of observation were coded, analysed and placed in categories to find traits and make sense of the material. None of the meals were shared between the two wards and therefore each ward will be described separately and according to the categories that were described in the previous chapter, *before the meal*, *at the table* and *after the meal*. A combination of direct quotes from the field notes and descriptions based on the field notes will be used.

The results are summarised at the end of this chapter.

#### **Women’s ward**

The women’s ward was in the second floor of the monastery-like building. Going up the staircase towards the ward, the impression was much like any hospital. There were large trolleys with laundry in the hallway and the walls were a faded shade of yellow. Unlike any other hospital it was very quiet.

On the heavy, grey door leading into the ward was the Salvation Army slogan, *Caring for the whole human being*, written in white letters. Once inside, the quiet continued and was only

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<sup>72</sup> [Skeie: 2007](#)

sporadically interrupted by soft voices and whispering. The long hallway led to all the private rooms, medical examination rooms and at the end, a terrace and a smoking room. The rooms were small and sterile. Each room had a TV on the wall and a large window facing the street. There were no windows on the doors to these rooms.

### **The kitchen and common area**

At the opposite far end of the hallway was the living room with a tiny kitchen hiding behind a semi-closed door. The patients were not allowed in the kitchen, but they shared a fridge/freezer placed outside the kitchen wall. Here they kept personal foods with nametags on. On the far end of the wall, outside the kitchen, was a long bench with a sink and dishwashing machine. This was where the food was placed during each lunch meal. Lunch was always prepared on site, while supper meals would be delivered from a Salvation Army food central, packed in heat trays and served directly. The staff worked shifts and stayed approximately 6 weeks at each ward. Two nurses usually had kitchen duty.

There was one long dining table in the women's ward and it could seat at least 15 people. Behind the table were two large windows facing the street. From this floor one could just see the treetops and top of the adjacent buildings. One of Gatehospitalet's closest neighbours is the Oslo State Prison with its tall prison walls. Back inside the hospital, the walls were a light shade of yellow and on them were two abstract paintings in various blues. A plant was placed in front of the short wall separating the dining and living room area. On the opposite side of the room was a computer and bookshelf with a large TV next to it. While there was no obvious religious symbolism, there was a quote (1. Cor. 13:13) painted in calligraphy on the wall:

*And now abideth faith, hope, charity, these three; but the greatest of these is charity*<sup>73</sup>.

### **Before the meal**

The kitchen and living room was almost always empty and quiet during the time we spent preparing food. I was told that the female patients usually preferred to spend time in their private rooms and this was confirmed by my own observation of the empty common area. Sometimes a patient would appear in the living room while we were preparing food and have

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<sup>73</sup> The quote painted on the wall was in Norwegian

what seemed like a private conversation with a nurse, but it seemed that most communication between staff and patients before or after meals happened elsewhere. Only once during the time spent at the hospital did I see a patient sitting by the computer.

*I am given a uniform when I arrive. It is the same as all the other staff wear. The nurses insist I wear it. Patients wear their own clothes. The nurse convinces me it is for the best. The patients are very aware of me being a visitor, and the uniform seems to make no difference.*

A typical conversation during meal preparations is exemplified in the field notes:

*As we are preparing food in the kitchen, a patient calls the attention of a nurse. The nurse approaches the patient slowly. The patient whispers something in her ear. Affectionately, the nurse places her hand on the patient's shoulder and whispers a reply.*

Every day there would be one or two nurses in the kitchen when I arrived. The food preparations seemed routinized and professional. There was much focus on hygiene with soap dispenser and disinfectant liquid both inside the kitchen and by the long kitchen bench that extended into the common area. During every lunch meal there would be a combination of spreads, various bread and leftovers from the day before. A typical meal had fish, meats and eggs. The plates were often neatly decorated with cucumbers, peppers and other vegetables and some days there would be warm lunch and fresh bread. It seemed that attention was given to making the food look delicious. It appeared that the nurses in the kitchen enjoyed preparing food. They said that it made sense as a way of nursing and explained that they always tried to serve varied foods in order to accommodate everyone.

As a way of contributing actively without interfering with the natural situation I quickly found that setting the table was a suitable task, one that I continued with every day of observation at both wards. This was to be done in a specific manner with drinks, salt and pepper on the table and all the rest of the foods on the counter.

All participants would serve themselves from the counter where there would be many different types of food to choose from. Often both nurses and patients would take several

servings with different foods each time (fish, meats et c). A section from the field notes describes the meal as it was about to start on the first day of observation in the women's ward:

*Half an hour before lunch is served the nurses begin preparing food. There are no patients present in the living room or kitchen area. The nurses say the female patients spend most of the day in their rooms. Bread is baking in the oven and all kinds of spreads are placed on the kitchen counter. This extends into the eating area and it is from here that patients and staff serve themselves with food. As it is almost half past twelve, the patients start appearing quietly. Nurses speak in the kitchen and a patient sits down by the computer. She walks towards the sink to wash her hands and at exactly 12.30 a nurse welcomes everyone to the table.*

It seemed that everyone present at the time of a meal would sit down and participate. Some days the cleaning staff joined, the Salvation Army officer visiting, the secretary, a doctor and myself. One particular day was to define the stability of the routinized meal to me. After the hospital was closed for a couple of days, new patients were admitted, some of who had lice. These were isolated in their rooms and ate their food there. I arrived at 12 noon as usual and two nurses were in the kitchen preparing food. I asked how I could help and began placing drinks on the table. It was after some ten minutes that one of the nurses told me about the isolated patients. Still, the food was being prepared and the table set:

*I had stayed long enough to find out that they were in fact going to have a common meal at the same table, with the same food, although there would be no patients present.*

#### **At the table**

Most days some particular patients and staff would be ready to start serving themselves at 12.30 and others showed up sometime during the meal. There seemed to be no rush and similarly no shame in being delayed to a meal.

As the meal participants took a seat at the table, various conversations would begin spontaneously. There were rarely quiet moments while we were seated. Sometimes a quiet conversation between a nurse and a patient would evolve into a discussion with all the participants. Often there would be discussions regarding happenings on the outside, news and political topics. Particular topics at the women's ward were also those concerning medical

treatment and various medications. It seemed that the patients were often also engaged in drug politics and conversations about institutions and social care for drug addicts were frequent.

The participants would take random seats, always filling the empty spaces. Sitting down, it felt that the next person was physically very close, brushing elbows several times during the meal. The field notes describe the seating on the first day of observation:

*I sit with a nurse on my left and patient on my right. Across the table is another patient, next to a nurse. The seating is random. There are 9 people present, 4 nurses, 3 patients, 1 cleaning staff and myself. From the corner where I am sitting, I have full view of the table. Facing the window with my back towards the living room area. Everyone start to eat as they sit down. The drinks, napkins and salt and pepper are placed in the middle of the table. These are being passed around between all the participants.*

I was surprised by the level of opinionated discussion where participants, patients like staff, expressed knowledge, disagreed, argued in favour of this and against that. The table was opened for equally important contributions in the shape of voices, physical presence, laughter and non-verbal communication. At this level it seems that we were sharing much more than just food. It often happened that food topics turned into personal stories or that experiences were discussed with regards to food. The field notes describe this:

*There are several conversations going at any time. Everyone joins in at some point. A combination of personal and “chit chat”. The main topic today is that of pregnancy and family. The patient on my left tells us about her grandchildren. We talk about what not to eat when pregnant. Opinions turn into laughter as some disagree about the nutritional contents of cucumbers.*

Although the meals were framed with identical routines, the content (performance, consumption) of each meal was different. One day was particularly tense due to the hospital closing for the weekend. Most of the patients at that time had some alternative housing arrangements where they could stay, but one patient had nowhere to go. Nurses were running around, making phone calls and doing what they could to find a place for her to stay. The air was heavy from the stressed atmosphere as we sat down to eat the last meal before closing. The patient had found somewhere to stay and would be admitted to the hospital on the following Monday. Only one patient had stayed to eat with the staff before she left.

*A nurse sits down and has tears in her eyes. It is quieter; people are focusing on their plate much of the time. The patient is shaking heavily, but insists on eating with the rest of us before she has to leave. She speaks a little of her plans and a nurse is asking questions about her future. The patient says she is afraid to meet “old friends” on the outside who will offer her drugs.*

Another section from the same day described the room and the experience of being in a situation where reality and the outside world seemed to readily devour the patients as they re-entered it:

*Even though the windows were wide open today, the strong sun and the noise of the construction work right outside penetrating the room, it was as though we were in another world in there... I felt that I was witnessing something intimate that I should not have seen... After finishing her lunch, the patient took a firm grip around the handle of her bag and walked towards the door. “Have fun, bye!” we heard as she was disappearing down the silent corridor.*

### **After the meal**

The female patients would quickly return to their rooms once finished eating. One moment they would be having a conversation and as soon as the plate was empty they thanked for the food and placed the plate and cutlery in the dishwasher. This seemed to be the routine and happened after almost every meal. The field notes reflect this:

*After each meal, each person expresses gratitude for the meal. Also, there are frequent mentions of how good the food is. During all meals there has been laughter.*

### **Men’s ward**

The men’s ward was one floor up. The staircase was still quiet, but once the door opened to the ward, a pleasant sound of voices and the odd laugh was heard. The male patients usually spent time in the living room before each meal, often reading or talking with the others. Most days, at least one patient would be sitting in the couch already when I arrived. The ward looked similar to the women’s ward, a long hallway with private and medical rooms and a smoking room at the end.

### **The kitchen and common area**

One could enter the common area through two doors. One was through the open kitchen and the other through the living room. All rooms were connected, but the kitchen was very small and like in the women's ward it was hidden behind a semi-closed door. From the kitchen there was a long bench extending to the far end of the room. Standing here one would see the two smaller dining tables and further into the room, a living room area with couches, a coffee table, TV and bookshelves. Abstract paintings decorated the walls. There were two large windows facing the street. A glass door that was always open separated this area from the rest of the ward. Being higher up one could just see above the trees and out onto the city.

### **Before the meal**

During meal preparations the men seemed to keep to themselves, occupying the couch and living area while the staff stayed in the kitchen. The men socialised in between themselves. They appeared relaxed and accommodating. The preparations in the men's ward was much like the women's ward, with various being prepared in the small kitchen and placed on the counter. Also here the drinks, napkins, salt and pepper would be placed directly at the table.

Every day just a few minutes before 12.30 the male patients would line up in a queue in front of the sink to wash their hands. The washing of the hands seemed particularly routinized and a section from the field notes described this:

*The food was placed on the counter. Eggs and bread and different spreads, same as the women's ward. The men lined up in what became a long queue to wash their hands before the meal. Thoroughly they spent at least a minute each by the sink using both soap and disinfectant liquid.*

### **At the table**

At the men's ward the change from before to during the meal appeared rather different than in the women's ward. This was because the male patients were already physically present in the common area prior to the meals. Here, it was rather the interaction between patients and staff that changed. The men seemed to have a natural way of "hanging out", not necessarily talking all the time, simply being together while reading the paper, playing solitaire or just sitting there quietly. Still, they would mostly be communicating with each other.

When we sat down at the table, everyone started to communicate in some way. The interaction between participants of the meal consisted of both verbal and non-verbal communication. The passing of salt, pepper, napkins and drinks happened throughout the meal. Some days, usually once a week, one of the participants initiated a quiz during lunch. This one day is described in the field notes:

*Quiz from the newspaper today. A nurse asked the questions and one patient knew almost all the answers. The two other patients at that table were laughing and complementing him on his knowledge. The last question was tricky, he though. As he resonated out loud, a nurse shouted out the answer. Everyone laughed, and the patient replied smiling, "She is awesome, that one".*

It was easy to follow the conversation around the table in the men's ward. The male patients appeared very hospitable to outsiders such as myself. A Salvation Army officer who visited one day seemed to get similar treatment. By engaging the entire table in conversations and asking questions it at times felt more like we were visitors in their private homes than in a hospital.

*The three patients discussed electricity. How to read the meter and more complicated stuff. How to rewire a cable. At some point they turned to the office secretary and myself, probably noticing our silence, and questioned our limited knowledge of electrical work. We all laughed. Good atmosphere around the table. Easy to laugh. Everyone looks at each other, nods and smiles/laughs. Lots of irony. No lectures.*

Prior to one of the meals in the men's ward a patient asked me if I could cut some celery, peppers and spring onions. He joked and said that he was the only one who cared for vegetables. Later, when we were seated, he had made sandwiches from bread, butter and these vegetables neatly placed on top. He poured himself a glass of milk and seemed to thoroughly enjoy his food composition. Then he told us, the rest of the participants at the table, about his childhood. He described events that had shaped him, some negative and very personal things and then he talked about food and the type of food he had been served as a child. Another patient joined the conversation and shared a story from his childhood.



*During the meal today, it struck me that the themes of conversation or lack thereof, are on each person's terms. No one is hushed and it seems that nothing is inappropriate. There is a certain conduct of behaviour during the meal. A frame that holds it together.*

### **After the meal**

*All patients expressed gratitude when finishing their food, "Takk for maten!" The men (patients) remained seated at the table after finishing. For quite a while they kept the conversation going, while the staff left to do their duties.*

The male patients usually took second and third servings and then spent a long time finishing their food. Contrary to the women's ward, they often remained seated at the table long after everyone had finished. Staff would start clearing the tables, some would leave the room, and the patients would still be seated and continue their conversations. Topics would now also vary from politics and human rights to male and female roles in society to just about anything. Most conversations started with a reference to a patient's own life. In the men's ward the topics were also often related to the latest news, patients having spent the morning reading all the various newspapers. Some more interested than others, still the overall impression was that keeping up to date on the latest and learning was an essential part of the male patient's day. The meal also appeared as a space for sharing news and challenging each other.

### **Summary of results**

The results will now be summarised in categories that exemplify what I have found to be the key observations. These will be interpreted and discussed in chapter 7.

### **Participants**

Patients and staff (nurses, cleaning, doctors, administrative) are invited to join the common meals every day of the week. Patients spend an average of 18 days at the hospital and nurses work six week shifts at each ward. Most of the other staff visit both wards on a daily basis. In addition, most patients return to Gatehospitalet. It seems that you are as likely to see a familiar face as a stranger at any given meal. If one were to ask anyone at Gatehospitalet, patient or staff, what they enjoyed the most at the hospital, the answer would most likely be

the meals. It seemed that the days were much constructed around the three common meals; breakfast, lunch and dinner. They were something to look forward to.

### **Eating together or eating alone**

Eating together is optional. Each patient is informed about the meal practice and can choose to eat in the privacy of their room if they prefer. We have read from the results that apart from days when patients were in isolation or very ill, they chose to eat together with the others. Similarly the staff prepared common meals even when patients were not going to take part.

### **The routines**

The meal is prepared in a routinized way and served almost at the exact same time every day. Some basic foods like spreads, cheese, ham and eggs and vegetables are placed on the kitchen counter, and are the constants of the meal. Also, there is always juice, milk, yoghurt and water on the table. Creating the frame around this meal space are a few simple routines; clean hands, small talk, life stories, laughter and expressing gratitude.

### **Meals at both wards**

The female patients spend much of their time alone. At the table, they come to life. They engage in conversations, sometimes bickering and just as often there is laughter. Patients and staff communicate together, tell personal stories and ask questions. The female patients spend approximately half an hour at the table, and then they return to their rooms quickly after they have decided that their meal has finished. They clean up their plates and cutlery and thank all the participants for the food (both staff and patients).

The male patients socialise with each other, spend time in the living room and have a particular routine for queuing up and cleaning their hands before each meal. At the table the staff and patients engage in conversations that they had not done prior to the meal. Stories are shared. There is always laughter, sometimes discussions involving both tables in the men's ward. They are hospitable and host-like towards strangers and often remain seated at the table for a long time after the staff have left. They always thank for the food, to each other and to the staff.

Meal servings and table settings were similar in both the wards, as was the contents of the fridges and the ways of preparing food. It has been noted that while the situation in the common area was different in the two wards before and after meals, the interaction between the female patients and staff and male patients and staff was similar once seated at the table.

### **Physical sharing**

It has been emphasised that in both wards there were routines for setting the table. This was made particularly clear to me because I took the responsibility for this task before every meal that I participated in. It seemed very important that the drinks and napkins, they were in a pile in a small decorative container, salt and pepper were not placed on the counter with the rest of the food, but directly on the table. The consequence of this was that during each meal the participants had to ask each other to pass these things around, both physically sharing by touching hands and communicating verbally.

It is also important to note the obvious sharing; that the same food and drinks were available to all participants, patients, staff and visitors. More subtly, words, thoughts, opinions and stories were shared. One implication of these meals seemed then to be that when seated at the same table, eating the same food, thoughts and stories were shared that were not shared prior to the meal and that would not be shared after the meal had finished.

As described above, the different components that make up these meals are almost identical every time. Some traits have been identified and some questions appear important to ask: Does the practice of staff and patients eating together have an impact on the meal? Is this meal any less disciplinary than other spaces for the marginalized created by non-marginalized?

## Chapter 4: Meal traditions: theories and research

In the previous chapter Gatehospitalet and the results from the field study were presented. How might the terminology from meal research help us understand the meal at Gatehospitalet? To understand more about what meals represent in our daily lives and some commonalities in how we relate to and through meals, a selection of theories and research on meals will be outlined in the following.

### Defining meals

Studies give a wide range of meanings to meals that cut across its general associations to food and beverage. Particularly those of an ethnographic and anthropological nature have established the links between food and social interaction in rural areas, and while there seems to have been a tendency in these studies to ascribe a primitive character to meals and their social function, the development of new disciplines dedicated entirely to food studies witness a growing interest also in meals as parts of urban development<sup>74</sup>.

While a meal is defined by its fixed place and time to consume food and beverage, Christina Fjellström, domestic scientist and meal researcher has offered a broader definition of meals as meaningful events that is relevant to this thesis:

“In people’s everyday lives, the meaning of food is illustrated by the way we talk about food, cook, eat and behave at table. The cultural and social significance of food and meals is, therefore, strongly connected to our identity as human beings and as members of society”<sup>75</sup>.

Anthropologist Carol Counihan has performed meals and food with specific regard to gender and identity. She describes meals like this:

“We ingest food over and over again across days, seasons, and years to fill our bellies and satisfy emotional as well as physical hungers. Eating together lies at the heart of social relations; at meals we create family and friendships by sharing food, tastes,

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<sup>74</sup> Fjellström 2004

<sup>75</sup> Fjellström 2005: 26

values, and ourselves”<sup>76</sup>.

### **Anthropological studies on the meal**

Anthropological studies of food in rural areas show that traditional roles are upheld through the food handling and making. The power of feeding confirms gender roles and difference. Women feed their children and their families and as such they possess the knowledge and power to give life. Many studies imply that food and feeding are ways in which women associate negatively and positively to gender, equality and inferiority<sup>77</sup>. In an article, *anthropology of indirect communication* based on her fieldwork in the Andes with a community of Native American Indians, Nicole Bourque describes how the meal represents life and togetherness. This habitual study of a community emphasises the natural and traditional roles meals play in private family as well as political life. “Food is used to create social ties as well as social difference”<sup>78</sup>. Bourque claims that food serves the purpose of communication and represents both status and community membership e.g. women use their traditional role as the food handlers as a power tool in family life. Festive meals represent hospitality and respect, and through food, tales about origin and identity are maintained and re-created. “Moreover, food itself, the type of food and the actions of producing, preparing, serving and consuming food, reflect and demonstrate religious, moral and social beliefs and values”<sup>79</sup>.

Greene/Cramer claim that food serves the same purpose as language and should therefore be viewed as fundamentally communicatory. “As well as constituting our own identities, we use food as a means of identifying with others. Food connects people, both physically and symbolically, when we sit down to dine together”<sup>80</sup>.

In an early ethnographic study of a Melanesian society on the island of New Ireland in the Bismarck Archipelago<sup>81</sup>, Hortence Powdermaker argued that eating in fellowship was a social institution present in any community.

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<sup>76</sup> Counihan 1999:6

<sup>77</sup> Counihan 1999

<sup>78</sup> Borque 2001: 95

<sup>79</sup> Borque 2001: 95

<sup>80</sup> Greene/Cramer 2011

<sup>81</sup> Powdermaker 1932

“The communal eating of food and customs concerning it may be said to have a double social function: (1) to maintain the cohesion of the society and of groups within it; (2) to determine, in part, the relation of the individual to the society and to the smaller groups within it. The psychological theory underlying the first function is that society maintains its existence by a system of sentiments, which are given collective expression on ritual occasions. In this society the most frequent of these are feasts”<sup>82</sup>.

Powdermaker claims that the collective expression of sentiments can best be represented through feasts. The immediate function is a structuring of the community and reciprocal hospitality created by the sharing of experiences.

These are just a few examples, but there seem to be some traits that can identify the common meal. Meals are parts of all societies and have a social function that exceeds its nutritional value. Feasts are used to celebrate, mourn, negotiate and trade. Festive meals represent hospitality and respect, and through food, tales about origin and identity are maintained and re-created.

### **Food’s cultural system of knowledge – meals as a cultural and social arena**

It has been mentioned that a recent ignition in the interest in meals as more than nutrition is reflected in a growing number of studies that deal with meals as fundamental meanings in the everyday lives of people. While meals have for a long time been hot topics in the fields of anthropology and ethnology, new disciplines are developing that are almost entirely dedicated to deciphering the significance of the situations when we sit down to eat our food.

A collection of articles presented at the symposium Food in Contemporary Society – Food is more than nutrition<sup>83</sup> reflect an academic desire to take a step away from previous meal research that has in some way or another been related to nutrition, or as Fjellström describes, “It is important to stress that food’s cultural system of knowledge is a matter of knowledge and understanding of meaning, not merely an interesting curiosity to be sacrificed on the altar of nutrition”<sup>84</sup>. In the following some of the articles will be presented. These have been chosen because of their contemporary interest and because they give a description of meals according to the Nordic welfare model. This sets the context for the research on the meal.

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<sup>82</sup> Powdermaker 1932: 236

<sup>83</sup> Symposium 2005

<sup>84</sup> Fjellström 2005:20

According to Pajoloki, certain common assumptions can be made regarding meals. They are universal in the sense that they are globally parts of people's everyday lives, but the conditions from which they are shaped vary extensively. In our part of the world the meals are still part of the domestic sphere meaning that most meals are consumed in the home. Moreover, traditional social divides that associate wealth and knowledge with healthy living cannot anymore claim to validate why some eat healthy and others do not. Pajoloki notes specifically that the way we eat and think of food is changing according to the growing heterogeneity in our society. This has special implications for people who are or are in danger of becoming marginalised<sup>85</sup>.

“Nordic welfare society has changed and the problems of scarcity have turned into problems of plenty. But despite these visions, food is still prepared in homes, the members of the household engage in food preparation, old traditions have survived, and new ones developed. The stereotypic pictures of the poor (or the rich) and the ignorant (or the knowledgeable) eating unhealthy foods (or eating healthy foods) may not represent the complexity of everyday food-related activities in the household context”<sup>86</sup>.

Fjellström claims that meals are social and cultural arenas in people's everyday lives. Although this argument already rests well on established research she claims that we need to rethink meals from new perspectives in order to understand and develop knowledge of meals in contemporary society. It is suggested that food be investigated as a cultural system of knowledge to understand how food entails communication between people. Through this system of knowledge Fjellström illustrates ways of categorizing food according to among others taboos, cuisine, etiquette and symbols based on the works of anthropologist Carol Counihan, who states that:

“*Foodways* influence the shaping of community, personality and family. The study of foodways contributes to understanding of personhood across cultures and historical periods”<sup>87</sup>.

These categories open for various meanings that we ascribe to food and meals. Most relevant of these categories are cuisine and etiquette. Cuisine gives meaning to food because our

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<sup>85</sup> Pajoloki 2005

<sup>86</sup> Pajoloki 2005:8

<sup>87</sup> Counihan 1999:6

history and culture can explain why we chose to eat some foods and not others. These choices are reflected in our everyday lives where these food meanings are unfolded.

Etiquette is the set of rules that we apply to eating. Fjellström calls them internalized rules and see them as both liberating and limiting. There exist some common rules of conduct at the table within similar cultures such as eating with knife and fork. When people experience lack of ability to follow these norms, on the other hand, they can experience shame and choose isolation. For example when elderly are unable to cook the way they used to, or are disabled in a way that prevents them from eating with a knife and fork they might chose to eat alone or not eat at all to avoid the humiliation of sharing meals with others. Patients who are ill or disabled might feel the same way.

Taboos refer historically to religious food restrictions. Although fewer people follow these restrictions in the Western world today, they can seem to have been replaced by health taboos that are both culturally constructed and controlled<sup>88</sup>. We still associate feelings of shame and guilt with eating foods that we know are unhealthy to us. In Western culture exist associations between good health and thinness.

### **Food, power and community**

Counihan claims that food, as the essential substance for our survival is powerful and hence not having food (hunger) is one of the absolute signs of powerlessness. Food and feeding citizens is a continuous concern for the politics of nation-states. “Food is a prism that absorbs and reflects a host of cultural phenomena”<sup>89</sup>.

Whereas some have made arguments to suggest that hunger has been used politically by early modern elites to maintain power, others see the potential threat to political stability that is caused by extreme hunger amongst population groups. The Western world’s obsession with meat protein affects the Third World agriculture and food has also been used as a symbol of separating the lower from the upper classes<sup>90</sup>.

Greene/Cramer claim that food has a political value as a major part of the sites of struggle that form our everyday lives, subsequently the sites of political struggles. ‘As discourses, all of

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<sup>88</sup> Fjellström 2005

<sup>89</sup> Counihan 1999: 6

<sup>90</sup> Counihan 1999



these dialogues about food, and its associated practices, operate as “sites of struggle” with significant social and political implications<sup>91</sup>.

Moxnes illustrates the materialisation of the community through the common meal in the gospel of Luke. As there appeared a new community through the fellowship of Jesus Christ disciples, Moxnes argues that a focus on the meal as a potential contributor in creating, maintaining and destroying the boundaries of this community reveals the strengths and qualities of the group. The sharing of meals, or not sharing, are expressions of relations within the community, thus placing the meal in a social context. Emotional associations to food, such as hunger, confirm the divisions within society; those who have and those who do not have food. The purity of the meal, as represented by its participants, was of great importance to the Jewish society<sup>92</sup>. When Jesus dined with sinners, he was “threatening the very character of the group by opening it up to outsiders”<sup>93</sup>. The meal is presented as a uniting factor in the creation of the new community, a social contract that participants contribute to and receive from. The original outsiders become the participants of this meal, hence contributing in the creation of the new community.

The instability provoked by the rich and poor has traditionally been ‘equalised’ by a great feast provided by the wealthy members of society. This redistribution confirms the basic needs of all members of the society, and the responsibility of the wealthy to provide for the less fortunate.

This article can be read as a description of not only the elementary role of the meal in diaconal work, but the historical ambiguity that it has represented. When participants were outsiders and non-citizens the community was threatened. Still the meal represented the Kingdom so that material values like food were stripped of meaning. This ambiguity can also be found in the diaconal aspect of the work at Gatehospitalet. When there is an explicit aim to help the marginalised the implicit aim is to preach and save. We have noted that there seems to be no aim to rehabilitate or make patients drug free and a thesis with a theological foundation would most probably find interesting arguments in this notion of the secular meal and the holy meal.

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<sup>91</sup> Greene/Cramer 2011

<sup>92</sup> Moxnes 1986

<sup>93</sup> Moxnes 1986

## **Meals and the marginalised**

In the study Food habits and meal patterns on the edge of an affluent society, a total of 188 heavy drug addicts (117 men and 71 women) were questioned regarding their food intakes<sup>94</sup>. This study is one of the few performed outside of institutions that can give information about how heavy drug addicts handle and consume their food on a day to day basis.

One third of the respondents reported that they only ate during the night, and then in random places like pavements or in doorways. Sixty per cent said they ate alone and no one (0 %) ate with their families. Almost all the respondents reported that they disliked the food that was available to them and fifty per cent were only motivated to eat because of hunger. Social company motivated 30 per cent while 25 per cent said they ate to prevent further illness.

## **Meals at Norwegian health institutions**

What joins the participants of common meals at institutions is that they most often belong to the group described as “patients”, “clients” or “users”<sup>95</sup>. Research on the nutritional status of persons who spend time at health institutions has shown that they are more likely to suffer from malnutrition than others<sup>96</sup>. Various measures have been suggested as to prevent malnutrition. Changes in procedures for serving and meal aesthetics have led to a greater focus on meals as social events in institutions. Adaptions towards making meals more sociable and enjoyable, be it refurbishing the meal space or decorating the tables with flowers and tablecloths, are aimed at ensuring the proper nutritional intake and are based on research that shows the positive effects of environment on the appetite and willingness to eat<sup>97</sup>. Where mentions of “social aspects of the meal” or “meal and meaning” can be found in research on nutrition in Norwegian health institutions, I interpreted these as instrumental means to meeting the aims of improving nutritional status<sup>98</sup>.

In a study of the meals at 570 homes for the elderly in Norway, 25% of the staff had answered “agree” on “Staff eat with patients”<sup>99</sup>. This study is the largest of its kind in establishing quantitative data on meal and kitchen practice at institutions like this. The question of staff

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<sup>94</sup> Sæland/Smehaugen 2005

<sup>95</sup> Agaard 2008

<sup>96</sup> Helsedirektoratet 2009

<sup>97</sup> Halvorsen 2007

<sup>98</sup> Statens ernæringsråd 1995

<sup>99</sup> Agaard 2008

eating with patients in most cases referred to situations where staff were available to sit down and help patients with their food, not patients and staff sharing the food (meal) together.

### **Summary**

Information gained from research on health institutions and nutrition imply that meals are instrumental parts of consuming food. It has been noted that concern for social aspects of food in institutions are in most cases a means of achieving better nutritional status. It has also been described how meals seem to carry a multitude of meanings as situations in which people can come together and socialise, share foodways and relate to others. Finally, the study on meal habits amongst heavy drug users suggested that many have little predictability in their daily meals.

## Chapter 5: Institutional practice and care

As suggested in the *Adaptive Theory*, referring to a wide set of theories and research areas will enable the researcher to see the material from different angles and interpretations. French philosopher Michel Foucault (1926-1984) has performed ground-breaking investigations of how institutions separate and shape *the deviants* from *the normal*. I find that this immediately transcribes to the critical view of citizenship theory and its dealings with orientalist classifications that were outlined in the introduction. Are there traits of normalising mechanisms at Gatehospitalet? If so, are meals also disciplinary?

Of particular importance to my discussion on Gatehospitalet has been Foucault's *Discipline and Punish* (1975), both as an acknowledgment that this particular hospital fits within a certain context of historical institutions, and as a tool to open for a critical investigation of the hospital.

### Discipline

In *Discipline and Punish* the panoptical prison system is described as a structural model for society, with its complete institutional methods to monitor and discipline the subjects into proper, effective and functioning citizens. Foucault gives a historical account of the development of the prison system from the 18<sup>th</sup> century until today.

The historical, economic and scientific events that shaped the ambiguous pillars of society, the citizen and the criminal, are interesting in relation to the development of care and caring institutions. The development of capitalist society placed increasingly great demand on the state as a controlling organ, its institutions being the arenas where discipline could be performed. For the purpose of this investigation, Foucault's socio-historical descriptions of namely two great institutions, the prison and the mental asylum, offer critical insights into the events that have shaped our society and its institutions. How Foucault consistently presents history through a subtle vision of the other relates directly to the investigating of the marginalised in this study.

## Punish

Foucault explains how power expressions have changed and expanded in parallel with the development of the *inclusive* prison system that we have today. Methods of punishment that were often publicly displayed, such as physical torture methods and executions, were being replaced by private, *milder*, methods towards the end of the 19<sup>th</sup> century. Replacing torture with *individualisation* and *normalisation*, Foucault names them the new disciplinary tools that are institutionalised beyond the prison walls, in hospitals, schools, inevitably affecting society at large.

The *microphysics of power* is exemplified as the functionality of the prison, one that extends to society and becomes the panoptic methods of surveillance. Capitalist society is prisonlike in that it utilises the tools that originate from within the prison, developing what Foucault calls a *surveillance society*. This is a battle between the individual and the system, one where methods of differentiation, systematisation and utilisation are used to make the effective citizens. More importantly it is a study of the relationship between power and knowledge.

Foucault describes a struggling journey from sovereign power expressions to the social body of citizens and their universal laws. Passing through various inventions within the field of punishment, Foucault views history through the events that have surrounded illegality and the expanding term of punishment. From the extreme, monstrous torture methods that were common practice up until the late 18<sup>th</sup> century, to ideas of theatrical representations of punishment in the 19<sup>th</sup> and the implementing of prison sentences as common punishment. The walls that used to surround the cities to protect the citizens from outlaws now surrounded the prisons and its inmates.

In the period 1755 – 85 less than 10% of the criminal sentences involved corporal punishment, to a more or less painful degree<sup>100</sup>. In fact, more than half of all sentences were banishment from the city. During this period, the concept of knowledge as expressed through the justice system, was “the absolute privilege of the prosecution”. There were semi-proofs as there were semi-truths and the suspect should always be punished in some way or another, just for being a suspect.

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<sup>100</sup> Foucault 1995: 32

For what Foucault explains as political reasons, the powerful few saw a growing violent threat in the people and in France torture was abolished under the banner of “humanity” in 1789.

### **Illegalities of property**

During the late 18<sup>th</sup> century crime was becoming less violent and more attacks were made on property than bodies. There was an increase in wealth accompanied by the appearance of the bourgeoisie and their consequent need for security. Following these traits, punishments became less severe and there was a need for a greater degree of control of the social body<sup>101</sup>. More frequently penal interactions were premature as to prevent the illegalities from taking place. What Foucault calls the shift from *illegalities of rights* to *illegalities of property* appeared during this period. The sovereigns had sold off their lands and the new owners were not too keen on lending their property to the farmers. Previously tolerated illegalities such as “borrowing” land were now being punished. A greater value was placed on property ownership just as “the survival of the most deprived” was becoming increasingly hard<sup>102</sup>. “The bourgeoisie reserved to itself the fruitful domain of the illegalities of rights”<sup>103</sup>.

With Foucault we may assume that with less severe bodily punishments there was paradoxically an increased control of citizen bodies. During the time in which properties were becoming shared between a greater part of society (the bourgeoisie), it was also natural that the liberty of having property, not the pain of bodily punishments, should be the threatening consequence of committing crimes. Slowly the state was taking increasing responsibility over the social body and its security.

### **Making the marginalised**

As for punishments, what had previously been the exercise of vengeance of the sovereign had now become the mechanism by which citizens and the social body were being defended against traitors<sup>104</sup>. The general theory of contract described how the entire social body had agreed upon the laws that could lead to its citizen’s own punishment: “The citizen is presumed to have accepted once and for all, with the laws of society, the very law by which

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<sup>101</sup> Foucault 1995: 78

<sup>102</sup> Foucault 1995: 78

<sup>103</sup> Foucault 1995: 87

<sup>104</sup> Foucault 1995: 90

he may be punished”, thus, he who breaks with this law becomes the enemy of society, but paradoxically “participates in the punishment that is practiced upon him”<sup>105</sup>.

Following the establishment of the social body and its defensive mechanisms towards potential citizen enemies came what Foucault articulated as “the discourse of the heart”<sup>106</sup>.

The need to make punishment more efficient, less violent and less expensive contributed to the systematising of criminality that followed. First, the emphasis had shifted from the criminal to the crime. The question became; how useful the punishment was for society? And what disorder the crime made on the social body?

”One must take into account not the past offence, but the future disorder. Things must be so arranged that the malefactor can have neither any desire to repeat his offence, nor any possibility of having imitators... One must punish exactly enough to prevent repetition”<sup>107</sup>.

A law that included all possible sentences for all possible crimes would prescribe the ideal methods of punishment. Foucault listed some rules on which the power to punish rested. One of these was how the penalty for a crime should be more desirable to avoid than the benefits from committing the crime.

“Penalty has to make use not of the body, but of representation... the memory of pain must prevent a repetition of the crime, just as the spectacle, however artificial it may be, of a physical punishment may prevent the contagion of a crime”<sup>108</sup>.

Consequently, the criminal body’s painful lesson as had been common practice through torture, was now thought as the puppet through which the audience (society) could experience the painfulness of criminality. The good citizen could be made good through the public spectacles of punishment. “The penalty must have its most intense effects on those who have not committed the crime”<sup>109</sup>.

Further was the idea that punishment was to be temporal, not eternal. Logically, the improving criminal on his way back into society would have no motivation to learn proper behaviour if he was never to feel freedom again. Each crime would need to be classified, or

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<sup>105</sup> Foucault 1995: 90

<sup>106</sup> Foucault 1995: 91

<sup>107</sup> Foucault 1995: 93

<sup>108</sup> Foucault 1995: 94

<sup>109</sup> Foucault 1995: 95

with Foucault, “one sought to constitute a Linnaeus of crimes and punishments”<sup>110</sup>. Finally, punishment on the criminal body should be replaced by the plays that could infiltrate a society’s mind. In all making criminal law more effective for society and less expensive for the state.

With the temporal and lesser painful sentencing came the need for institutions that were optimised to spatially enclose the criminals while providing them with the hope of a future free from crimes. Foucault describes that other state institutions such as the hospitals and the schools adopted these mechanisms for incarceration. This is how the knowledge of the state could be used through more or less obscure mechanisms to discipline the effective units, the citizens.

### **Methods of discipline**

“Discipline makes individuals; it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise”<sup>111</sup>.

The effective ideal of discipline was not to create homogeneous masses, but rather to separate and individualize the masses into effective units. Hence, the spatial hierarchy of the classroom was one where diligent, clean students were separated from the filthy deviants. The educational system had exceedingly great disciplinary mechanisms such as half-doors in the latrines where the head and feet were visible and platforms on which the staff could have full view of the dining room. Surveillance was the anonymous power by which disciplinary measures could be successfully implemented.

Historically, the invention of the lens, the light beam and the telescope accompanied other more obscure methods of visibility, “... the eyes that must see without being seen”<sup>112</sup>. Foucault particularly emphasizes the military camp as the ideal model for exercising the power of visibility. Observation, selection, correction and examination were all important tools of discipline and Foucault relates their growing necessity to the developing capitalist society where efficiency was becoming one of the most important virtues.

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<sup>110</sup> Foucault 1995: 99

<sup>111</sup> Foucault 1995: 170

<sup>112</sup> Foucault 1995: 171



Considerable parts of urban development were based on the art of surveillance, such as working-class housing estates, hospitals and schools. Where the architectural motive used to be how to be seen (palaces), then how to look out (fortresses), it had now shifted to how to observe what was on the inside of the walls. The aim for internal surveillance showed a great number of architectural experiments as the material, the walls and stones, became actual tools of discipline. “The hospital...was no longer simply the roof under which penury and imminent death took shelter, it was, in its very materiality, a therapeutic operator”<sup>113</sup>. Still, the road was long from these disciplinary ideas to the perfect apparatus.

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<sup>113</sup> Foucault 1995: 172

## **Chapter 6: Contemporary citizenship: belonging and becoming**

We have now seen how Foucault investigated the developments of modern institutions. This chapter will give a more detailed account of how citizenship has developed, building on the outline of citizenship theory that was given in the introduction. Particularly focusing on Acts of citizenship, and those related theories that are Group-differentiated citizenship and Multiculturalism, these will be discussed later with the question: How does contemporary citizenship theory look through the investigation of the meal at Gatehospitalet?

### **Belonging and becoming: where are we now?**

Contemporary citizenship theory has been occupied with the belonging of citizens. Engin Isin and Bryan Turner have described this:

“From aboriginal rights, women’s rights, civil rights, and sexual rights for gays and lesbians to animal rights, language rights and disability rights, we have experienced in the past few decades a major trend in Western nation-states toward the formation of new claims for inclusion and belonging”<sup>114</sup>.

Some very recent theories have expanded the way of understanding citizenship such that focus has shifted from belonging to a call for becoming. Before describing some of the important contributions to this development it is necessary to review the part of citizenship theory and history that has claimed the importance of belonging. This is a description of the era in citizenship theory that has been specifically occupied with extending equal rights to all, also those theories concerned with recognising difference as a criterion for citizenship.

### **Citizenship – an outline of the historical development**

The definition of citizenship changes according to the sites and people it addresses. Isin/Wood document the increase in claims being made for recognition and address the link between citizenship and identity.

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<sup>114</sup> Isin/Turner 2002: 1

“It is very important to recognize that the status and practices of citizenship emerged in specific places in response to specific struggles and conflicts... The boundaries of citizenship in the sense of who does and does not have access to its membership and the nature of the rights and obligations associated with that membership have always been contested”<sup>115</sup>.

Although citizenship today carries but a few links to the defining membership of the ancient Greek city-state, it is an elementary entrance to the history of citizenship. The classical ideal of political participation and inclusionary practices is one that modern citizenship struggles over and has been used as an inspiration to achieve greater democratic engagement in modern society<sup>116</sup>. It is from this era that the citizenship norms of civic obedience and political participation can be traced. Aristotle spoke of the right temper of the citizen, subordinating private interest in favour of the state and willingly engaging in public discourse.

Deriving from the Latin *civis* or *civitas*, citizenship was the membership of a city-state, the polis<sup>117</sup>. Fundamental to this membership was the right to self-governance combined with a dominant obligation to the city-state. According to Aristotle, and from which the definition of citizenship has been inspired for two millennia, ‘the citizen rules and is ruled; citizens join each other in making decisions where each decider respects the authority of the others, and all join in obeying the decisions they have made’<sup>118</sup>.

In *The Politics*, Aristotle named the human being a ‘political animal’, one that can only reach its full potential when within a political community<sup>119</sup>. A democratic community would need to be quite small in size to fully embody the equal governance of its citizens. These citizens were nonetheless only a minority of the full population. Class, race and gender defined Athenian citizenship. Citizens were adult males born into Athenian citizen households, trained warriors, property-owners and slaveholders. The majority, on the other hand, were those marginalized, non-citizens that remained nameless. It is only recently, mainly during the last century, that *the others* have made it to the political agenda whereas their faith had previously been an issue for the divine authorities (monasteries, hospitals and finally the welfare state).

According to Smith, citizenship has more than one definition, supporting Isin/Wood’s claim that there are two constitutive dimensions to citizenship; *a politico-legal and a sociological*

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<sup>115</sup> Isin/Wood 1999 p. 5

<sup>116</sup> Smith 2002: 105

<sup>117</sup> Smith 2002: 106

<sup>118</sup> Pocock 1995: 31

<sup>119</sup> Bellamy 2008: 31

one<sup>120</sup>. First, citizens of both democracies and republics have the political right of participation as equal community members. Second, citizens are legally recognized as members of a nation-state. This includes rights of protection. In more recent developments, memberships in non-political associations also carry the meaning of citizenship (religious citizenship, sexual citizenship, ecological citizenship, food citizenship et c).

The first common use of the term citizen in the English language was in relation to the bourgeoisie, who were subject citizens similar to the Romans<sup>121</sup>. In 17th century Italy, participatory citizenship was re-introduced as a popular means of self-governance. This renaissance of the republican ideal paved the way for later revolutionary movements such as the French and English. Following the anti-monarchical revolutions<sup>122</sup>, the first modern republics such as the English Commonwealth, French Republic and United States of America appeared.

“Today the core meaning of citizenship is membership with at least some rights of political participation in an independent republic that governs through some system of elected representatives – parliamentary, presidential, bicameral, unicameral, or some other variations. Such citizenship is understood to embrace not only various rights and privileges, including rights to participate politically, but also an ethos of at least some willingness to exercise these rights in ways that contribute to the common good”<sup>123</sup>.

Smith’s attempt to define citizenship exemplifies just how many concerns there are and how diffuse citizenship may seem to many.

### **Universal citizenship – equal rights for all?**

T. H. Marshall described the history of citizenship as rights in three categories; civil rights in the 18th century, political rights in the 19th and social rights in the 20th century<sup>124</sup>. By investigating historical events through these categories of rights, Marshall described the expansion of citizenship class, with special reference to England, as seen particularly in the example of civil and political rights for women. With guaranteed rights in a liberal democratic welfare state the citizens would become and remain full members of society. “Where any of

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<sup>120</sup> Isin/Wood 1999: 4

<sup>121</sup> Oxford English Dictionary

<sup>122</sup> Smith 2002: 107

<sup>123</sup> Smith 2002: 107

<sup>124</sup> Marshall 1992: 53

these rights are withheld or violated, people will be marginalized and unable to participate”<sup>125</sup>, Marshall claimed.

Critiques of Marshall’s universal citizenship include those that claim the emphasis on rights is exclusionary. Reacting on what he saw as a new war between citizenship and class, Marshall sought to elaborate on the distinction between the two.

“Citizenship is status bestowed on those who are full members of a community. All who possess the status are equal with respect to the rights and duties with which the status endowed. Class on the other hand, is a system of inequality”<sup>126</sup>.

At the core of universal citizenship lie civil rights. ‘It is the loyalty of free men endowed with rights and protected by a common law. The growth of citizenship is stimulated both by the struggle to exercise those rights and by their enjoyment when won’<sup>127</sup>. As Kymlicka and Norman note, this passive citizenship is particularly challenged in societies of increasing cultural and social diversity. Among critics where those who claimed the welfare systems pacified its users to the point of dependency and that equal obligations to society were just as important in creating active citizens as equal rights.

### **Group-differentiated citizenship: Iris Marion Young**

One of the most influential theorists on group-differentiated citizenship is Iris Marion Young, and her views on affirmation of difference as a means of integration are widely debated. She argues that differences must be addressed as a response to oppression, this with regards to groups that have historically been inferior, such as indigenous people, ethnic minorities and immigrants.

A conception of differentiated citizenship is necessary as increasingly large numbers of groups are experiencing being different. This witnesses how the citizenship identity is different to citizenship as legal status. Young critiques the universal citizenship for oppression in ways that historically have led to:”... exploitation, marginalization, powerlessness, cultural imperialism and random violence and harassment motivated by group hatred or fear”<sup>128</sup>.

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<sup>125</sup> Marshall in Kymlicka/Norman 1995: 286

<sup>126</sup> Marshall in Isin/Wood 1999: 27

<sup>127</sup> Isin/Wood 1999: 28

<sup>128</sup> Kymlicka/Norman 1995: 304

Differentiated citizenship is nevertheless critiqued for contradicting the ideal of citizenship, defined in the most orthodox sense of the term as; “a matter of treating people as individuals with equal rights under the law”<sup>129</sup>. It can in this context be seen as challenging the grounds on which democratic citizenship is built, as opposed to feudal or pre-modern forms of citizenship<sup>130</sup>, where status might have been determined on the basis of religiosity, ethnicity or class, in other words, on difference.

The theory of group-differentiated citizenship is also debated with regards to commonly held norms and beliefs within a community. The strongest critics insist that integration of difference undermines the collectiveness of a community and feeds ‘mistrust and conflict’<sup>131</sup> to the extent that it might be abolished altogether.

“Modern political theory asserted the equal moral worth of all persons, and social movements of the oppressed took this seriously as implying the inclusion of all persons in full citizenship status under the equal protection of the law”<sup>132</sup>.

Young recognises the importance of universal citizenship in its initial time of introduction, but addresses the fact of the matter; that people are still being left out. Universal citizenship emphasises commonality rather than particularity in making laws that are ignorant to differences. In this context Young introduces the term, ‘second-class citizen’. While most people are now officially citizens, the division between the included and excluded still exists.

“Embryonic in these challenges lies a concept of differentiated citizenship as the best way to realise the inclusion and participation of everyone in full citizenship”<sup>133</sup>. Although Young acknowledges the need for a renewed public life as in the revitalisation of public discourse she addresses the crucial fact that institutionalised public discourse tends to voice a common will of equality, whilst at the same time overshadowing differences. “The ideal of a common good, a general will, a shared public life leads to pressures for a homogeneous citizenry”<sup>134</sup>.

Relating feminist theory and citizenship Young states how citizenship theory from a political perspective has aimed at maintaining unity and upholding public interest and rationality. This was possible only through the engagement of those capable of enforcing and committing to general interests, namely white bourgeoisie males. Regards for women, or other inferior

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<sup>129</sup> Kymlicka/Norman 1995: 302

<sup>130</sup> Kymlicka/Norman 1995: 303

<sup>131</sup> Kymlicka/Norman 1995: 305

<sup>132</sup> Young 1995: 175

<sup>133</sup> Young 1995: 176

<sup>134</sup> Young 1995: 179

groups, would undermine the idea of a united ideal that portrayed reason before needs (the poor) and commonality over individuality (the heterogeneous sexuality of women). This exemplifies how exclusion has only recently become a realistic political concern. Prior to the equal rights movements and women's liberation, there was arguably less exclusion in public space because citizenship was reserved for only a minor part of society.

Young proposes a differentiating politics that recognises group difference and which allows representatives from groups to voice their needs in public life. The emphasis so shifts from adopting a general point of view to promote a general good, in the name of universal citizenship and belonging, to representation of particularity and acknowledgement of how needs vary and so they must be met with particular, not universal policies.

### **Citizenship after Orientalism**

It has been said that citizenship is subject to a constantly changing definition. It can thus be understood as an unstable term related to societal, political and individual changes and needs. I interpret that in order to move beyond Orientalism citizenship theories must rethink the conditions for citizenship as more than what the Western world has been able to accomplish with regards to democracy and inclusion. Perhaps our way is not the only way of practicing citizenship?

Orientalism has been a way of describing the modernized, rational world, separating it from the religious and 'irrational' one<sup>135</sup>. The term was originally introduced by Edward Said as a description of how *the Occident*, the Western World, has developed and facilitated misconceptions of *the Orient*. Synoecism, on the other hand, is a unified citizenry, a civic unity, of a spatial character. Isin questions whether a new theoretical image of citizenship can express difference and the contested becoming politically active, whilst returning to neither orientalism nor synoecism. In relation to Max Weber and his critique of modern capitalism, much emphasis has been placed on his explanation of how the orient 'failed' to develop modern capitalism<sup>136</sup>. Isin notes that Weber's argument regarding the city, as the 'locus of citizenship' has been a major contributing factor in the development of modern capitalism.

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<sup>135</sup> Isin 2002: 117

<sup>136</sup> Isin 2002: 118

Edward Soja has investigated urban development in terms of *spatial injustices*, those territorial divisions that assign specific spaces to people and separate them according to difference<sup>137</sup>.

“The injustices and oppression that are built into our geographies can become a strategic force for mobilizing and organizing innovative forms of spatial praxis aimed explicitly at achieving greater spatial justice and “global” democracy, stretching across all the nested geographical scales in which we live”<sup>138</sup>.

### **Spatial injustices**

Spatial investigations of the city reveal how marginalisation is maintained through mechanisms of territorialisation. In an article by Kim Rygiel certain spaces are explored as constituting citizenship. The value of the *in-between* is given attention, relating to refugee camps and the way in which people re-establish their political subjectivities. Refugee camps, detention centres and shantytowns alike are enclosed places for temporary storage of citizens and non-citizens.

According to Rygiel camps are the *materialized orientalist mappings* that prescribe value to some and de-value others. By this he refers to the way in which the Occidental superiority has claimed domination over the very idea of citizenship. Throughout colonial times the extra-territorial spaces where those where the *civilized* could find protection from *barbarians*. “Citizenship discourses and practices have contributed to the constitution of oriental and occidental worlds”<sup>139</sup>. The camps can be viewed as inverted territorial divides where the non-citizens are enclosed and the citizens protected much like colonial territorial divisions. Rygiel claims that critiques of the camps have as far as human value goes only replicated the orientalist notion of *them and us*.

Rygiel challenges traditional critiques of camps, such as those made by Giorgio Agamben, and rather suggests an investigation of camps as *spaces of politics and citizenship-making*<sup>140</sup>. In these *living places* social relations are forged and formed between non-citizen and citizen, alliances are made, creativity occurs and networks of connectivity made. By looking at possibilities rather than limitations within and beyond camp borders Rygiel opens for a

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<sup>137</sup> Soja 2009

<sup>138</sup> Soja 2009: 32

<sup>139</sup> Rygiel 2012: 809

<sup>140</sup> Rygiel 2012: 807



discussion on the *politics of connectivity*<sup>141</sup>. People enclosed in camps appear to find ways of being political that transcend the traditional divide between citizen and non-citizen. By the very idea of camps as cities within the city, Rygiel claims there appears *proto-urban experiences*<sup>142</sup>. From these we can also see that *they* are heterogeneous individuals.

Rygiel claims that a view of camps and places traditionally used to territorially separate one from the other as potential political space, contributes to *de-orientalise political spaces and citizenship*<sup>143</sup>. As such Rygiel opens for an alternative angle to camps but also a critique of citizenship views and norms that uphold a certain us/them relation that values some more than others. By imagining the world otherwise through the spaces we are either creating or forced to occupy we can find experiences of citizenship in the making that are based on connectivity rather than division. These views contribute to the destabilizing of traditional and often detrimental common views.

### **Weber and Orientalism**

Isin describes how Weber defined the city only truly existing in the Occident, thus did also the *occidental citizen*. He stated two main obstacles that prevented the Orient in establishing the proper city as a confraternity (the one originally established in order to protect a land and its inhabitants). One was the ways in which the lands of the Orient were forcefully preoccupied with irrigating their crops due to dry periods. According to Weber, this ‘conditioned the existence of the bureaucracy, the compulsory service of the dependent classes, and the dependence of the subject classes upon the bureaucracy of the king’<sup>144</sup>. A second obstacle was the persistent use of magic in the orient. ‘These religions did not allow the formation of ‘rational’ communities and hence the city’<sup>145</sup>.

To Weber, ‘citizenship became both the embodiment and the expression of the uniqueness of the occidental city’<sup>146</sup>. Weber argued that *being a citizen* was the normative ideal that would overshadow the differences of heritage, profession and so on. ‘The harmony and unity attributed to the ancient polis and medieval corporations in Weber’s work overlooked

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<sup>141</sup> Rygiel 2012: 812

<sup>142</sup> Rygiel 2012: 814

<sup>143</sup> Rygiel 2012: 816

<sup>144</sup> Weber in Isin 2002: 119

<sup>145</sup> Isin 2002: 119

<sup>146</sup> Isin 2002: 121

otherness of citizenship, its strangers and outsiders'<sup>147</sup>. According to Isin Weber's views of citizenship confirms the place of orientalism in Western citizenship.

### **Multiculturalism: Tariq Modood**

One contribution in the debate on multiculturalism as the deposition of modern day democracies has come from Tariq Modood. He developed the concept of multiculturalism within democratic citizenship with reference to, among others, Kymlicka's *Liberalism, Community and Culture*. According to Modood, Kymlicka's theoretical favouring of those in need of self-government rights contributes to the continuous stigmatisation of other marginalised groups such as immigrants and religious minorities. He claims that these groups are subject to negative inequality, as victims of a biased politics that promotes equality by erasing difference.

Similarly to Iris Marion Young, Modood argues that difference is the source of identity and integration. Modood criticises Kymlicka for focusing too much on cultural membership as a means of integration<sup>148</sup>, and suggests the revitalisation of multiculturalism as an alternative. Here, multiculturalism refers to the political mobilisation that occurs when difference is voiced, accommodated and acknowledged, rather than ignored and eliminated<sup>149</sup>. The differences in question are those related to race, ethnicity, cultural heritage and religious belief, often overlapping. Modood speaks specifically with regards to the immigration and urbanisation occurring in large cities in England, but his examples might just as well be applied to any other major city in Western Europe.

“Multiculturalism...is a politics which recognizes post-immigration groups exist in western societies in ways that both they and other, formally and informally, negatively and positively are aware that these group-differentiating dimensions are central to their social constitution”<sup>150</sup>.

Modood claims that multiculturalism adds a dimension of an active citizenship to the traditional term integration, a citizenship that involves both the society major and the immigrants<sup>151</sup>. When immigrants react and voice their difference, or the ways in which they

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<sup>147</sup> Isin 2002: 122

<sup>148</sup> Modood 2007: 37

<sup>149</sup> Modood 2007: 39

<sup>150</sup> Modood 2007: 40

<sup>151</sup> Modood 2007: 48

have been oppressed, these are transformed into positive differences in the multicultural, public sphere. This in turn contributes to belonging in the shape of national identity.

### **Modood on secularism and religion**

When Modood speaks of secularism he refers to the moderate secularism that does “not depend upon shared religious conviction and motivation”<sup>152</sup>. He looks at the traditional mobilisations of religious organisations and the areas in which religious practice is necessitated. “Religion typically put a premium on mutuality and on care of the sick, the homeless, the elderly and so on”<sup>153</sup>.

Modood asks where we can draw the line between public and private, between secular and religious. He claims that moderate secularism does not exist in the world because the situation is different from country to country. “The institutional reconfiguration (of secularism) varies according to the historic place of religion in each country”<sup>154</sup>. Rather than a radical public-private separation in the name of secularism, Modood argues for an approach to religion that implies *pluralistic institutional integration*. This encompasses a pragmatic approach that deals with individuals rather than ideologically drawing the line, a *reconceptualization of secularism to develop a moderate and evolutionary secularism based on institutional adjustments*<sup>155</sup> and an inclusion in the politics of difference of appropriate religious identities and organisations. As such Modood claims that the normative significance of religion is that it offers *identities that matter to people*<sup>156</sup>.

This approach suggests a balanced emphasis on individual and historical grounds for integration. Seeding change in hospitable soil. It also acknowledges that religion has meaning to individuals and through institutions and that to claim otherwise would be a complete disregard for practices deep-rooted in our collective histories. “While the Christian right is emerging as a potential domestic obstacle to the civic integration of Muslims and Islam in the US, we must prevent radical secularism playing the same role in Europe”<sup>157</sup>.

Similar to many of the above-mentioned modern theories on citizenship, multiculturalism the policy idea is about extending citizenship across difference. Modood portrays it as a response to an already existing reality, “the dynamic outcome of social and political struggles and

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<sup>152</sup> Modood 2007: 73

<sup>153</sup> Modood 2007: 76

<sup>154</sup> Modood 2007: 78

<sup>155</sup> Modood 2007: 79

<sup>156</sup> Modood 2007: 79

<sup>157</sup> Modood 2007: 86

negotiations surrounding racial, ethnic and religious differences in relation to non-white migration into white countries”<sup>158</sup>.

### **The theorisation of Acts of citizenship: Engin Isin and Greg Nielsen**

It seems difficult to define citizenship and perhaps some of the complexities in developing citizenship lie in this lack of one clear definition. As it has been said above the time of citizenship as only legal status has passed and we are moving towards a multitude of citizenships. A very influential contribution has come from Engin Isin and Greg Nielsen who have presented a theoretical development towards the becoming of citizens. In the discussion I will ask whether the meal at Gatehospitalet can be a place for enacting citizenship.

The theorisation of how subjects constitute themselves as citizens through acts is a complex and multifaceted collection of articles by some of the leading figures in sociology, political science and philosophy, to name some. Investigating citizenship through acts, not subjects or practices represents a shift from what has been the main concern of citizenship theory over the past decades. Isin/Nielsen respond to the fragile citizenship term and the global changes that place increasing pressure on citizenship rights and obligations.

With emphasis on the ‘global/post-modernistic/neoliberal’ times in which we find ourselves, the established citizenship is challenged. To whom should claims be addressed and obligations be made? To create a real image of citizenship today Isin/Nielsen portray an entangled web of rights and responsibilities shifted in any direction by mobile citizens and conflicting authorities. It is in this no-zone between habit and status that the authors find the pacified citizen, non-citizen, marginalised citizen (ecological citizen, sexual citizen et c.). So when the object of investigation is the act, it is isolated from and regardless of matters of legal status and habitus. The act makes the citizen.

“Acts of citizenship are understood as deeds that contain several overlapping and interdependent components. They disrupt habitus, create new possibilities, claim rights and impose obligations in emotionally charged tones; pose their claims in enduring and creative expressions; and, most of all, are the actual moments that shift established practices, status and habitus”<sup>159</sup>.

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<sup>158</sup> Modood 2007: 123

<sup>159</sup> Isin/Nielsen 2008: 10

While Isin/Nielsen refer theoretically to the mobility that is creating new sites of struggles this book also deals directly with examples of actual happenings, historical and fictional, that have changed policies and challenged policy-makers. Divided into three main categories; politics, ethics and aesthetics, Citizens, strangers, aliens and outcast and Sites and scales of answerability, each deals with ways of understanding citizenship in its current context and developing ways of investigating a citizenship for the future. The consistent focus on the act itself allows for new ways of imagining citizenship.

Isin/Nielsen note how movement in labour and capital that is popularly named *globalisation* is also creating more inequality and injustices. “This intensification of social relations through movements and flows has generated new affinities, identifications, loyalties, animosities and hostilities across borders”<sup>160</sup>. With reference to amongst others Kymlicka, the authors conclude that the recent (two past decades) interest in theorizing the becoming of a citizen has focused on practises through habitus, established over a long period of time. The theorization of acts represents a shift in this new line of thought in that it focuses on the break, independent, but related to the habit. “We know virtually nothing about how subjects become claimants when they are least expected or anticipated to do so”<sup>161</sup>.

Having established that there is a distinction between status and habitus and the moments that break with these, we are reminded that our object of investigation is the act and the moments when individuals constitute themselves “as those to whom the right to have right is due”<sup>162</sup>. This statement introduces the dialogical (and paradoxical) aspects of citizenship. When acts are enacted they are so in relation to other inhabitants of the scene (site of enactment) – and this is how citizenship “involves otherness”<sup>163</sup>. We are suddenly faced with not only the actors, but their counterparts, allies or enemies.

### **What is an act and what is action?**

Making this distinction, Isin/Nielsen argue, is crucial to the development of a theory of acts of citizenship. The already mentioned concern with routine, practice and “habit over deviation”<sup>164</sup> is exemplified in Pierre Bourdieu’s popular concept of habitus. Isin/Nielsen claim

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<sup>160</sup> Isin/Nielsen 2008: 16

<sup>161</sup> Isin/Nielsen 2008: 17

<sup>162</sup> Isin/Nielsen 2008: 8

<sup>163</sup> Isin/Nielsen 2008: 19

<sup>164</sup> Isin/Nielsen 2008: 21

that the problem in focus has up until now been how subjects constitute themselves through routines and rituals, through reoccurring establishments. They argue that investigating the sporadic acts, as opposed to the routinized conduct is “to call into question this dominant cluster of problems itself”<sup>165</sup>. This implies that a theoretical focus on establishments is partly a confirmation of that establishment, making it more difficult to imagine the situation otherwise. It is in this claim that I find the very theorisation of Acts of citizenship itself represents an act.

“Strangely, while both as verb and noun ‘act’ is one of the most provocative words in the English language, it is also not easily neutralised by being absorbed into or flattened as ‘action’<sup>166</sup>. The most obvious distinction between act and action is that acts, as both a verb and noun, cannot be substituted with action. “We have expressions such as acts of courage, acts of generosity, acts of terror as well as court actions, social actions, affirmative actions but these will not work by exchanging ‘act’ with ‘action’ and vice versa”<sup>167</sup>.

Act as a verb means putting something in motion, “being directed and oriented towards something”<sup>168</sup>. To act is naturally associated with a scene and actors and in combination with descriptive words of direction it makes up everyday phrases such as to *act out* and *act up*. The argument made here is that acts are virtual and can come to life through actions, where acts and actions are not interchangeable. “Thus, it can be said that acts have a virtual existence that may be actualized under certain conditions”<sup>169</sup>.

### **Creative Acts of citizenship**

It has been established that Acts of citizenship are political ways of being with others. Melanie White explores acts and creativity and claims that: “the ‘act of citizenship’ seeks to emphasise moments of aleatory possibility by highlighting the emergent, the new and, ultimately, the creative in becoming political”<sup>170</sup>. By *aleatory possibility* I interpret White to refer to the inevitable sporadic element of chance that makes creativity, as it is also said that a creative act can be neither predictable nor knowable in advance.

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<sup>165</sup> Isin/Nielsen 2008: 21

<sup>166</sup> Isin/Nielsen 2008: 21

<sup>167</sup> Isin/Nielsen 2008: 21

<sup>168</sup> Isin/Nielsen 2008: 21

<sup>169</sup> Isin/Nielsen 2008: 25

<sup>170</sup> White 2008: 44

White is focusing on creativity as the ways in which people become sporadically political. Through this notion of creativity the temporality of acts and their counterpart habits is emphasised, by naming acts according to their timeliness in societal and individual behaviour. Focusing on how acts are creative also reveals how practices established over time are creatively limited. How can habits enable or disable the creativity in acts? White uses Henri Bergson's definition of creativity as *an expression of duration*. "It is a conception of time that is necessarily distinct from space and is defined as that which differs from itself in so far as the passage of time marks a perpetual process of change in and for the being that lives and endures"<sup>171</sup>. White argues that habits are necessary methods of self-preservation that can momentarily and creatively be broken when acts of citizenship occur. In the same way habits cannot be creative as the outcomes of habitual action is foreseeable and therefore also 'calculable'.

As a conclusion White claims that in order for acts of citizenship to be creative, they must break with habits. This corresponds with Isin/Nielsen's claim that in order for acts to be acts of citizenship, they must also be the moments that break with habits.

It is proposed that the theorization of acts of citizenship benefits from adopting Bergson's definition of creativity in that: 1) "creativity is becoming, one that is by its very nature transformative"<sup>172</sup> and 2) "creativity is expressed in terms of an aspiration to change".

### **Responsibility and answerability**

While acts of citizenship are both political and creative they are also claimed to be answerable to the other. Isin/Nielsen illustrate an immediate and also a continuous answerability. The immediate is related to amongst others Levinas's phenomenological ethics that prescribes a "relational dimension of lived experience in which a person is affected by the experience of the suffering of another"<sup>173</sup>. Bergo debates whether acts of citizenship must include a normative claim as it is particularly considered whether Levinas's ethics can be used in practice.

"Levinas's conception of Being means that ethical acts, punctual acts demanding justice, can only be interruptions of an ongoing state of affairs that is always on the

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<sup>171</sup> White 2008: 45

<sup>172</sup> White 2008: 45

<sup>173</sup> Isin/Nielsen 2008: 5

verge of showing the violent underpinnings of its structures. He calls these acts ‘transcendence’: he calls this the ‘good beyond Being’, because Being in itself is paradoxical”<sup>174</sup>.

Revisiting Sartre’s existentialist sketch about people gathered at a bus stop Bergo explains that Levinasian moments are moments in which spontaneous responsibility can be seen<sup>175</sup>. Applying this to acts of citizenship Bergo concludes that once we have reflected on the act, it is no longer an ethical one; it has been lost to ‘conscious reflection’.

If we connect Bergo’s ethical claim of the spontaneous act with White’s claim about the creative act it would seem that acts of citizenship can only be imagined retrospectively<sup>176</sup> because pre-conceived acts can neither creatively nor ethically claim to be acts of citizenship.

### **Answerability with Cosmopolitan Intent**

The answerability implied in acts of citizenship is best illustrated by Nielsen in a concluding chapter of the book.

“Acts of citizenship are understood as events that contain several overlapping and interdependent components: they claim rights and impose obligations in emotionally charged tones: pose their claims in enduring and convincing arguments; and look to shift established practices, status and order”<sup>177</sup>.

With particular reference to theorists such as Mikhail Bakhtin and Georg Simmel, Nielsen argues that a precondition for answerability with cosmopolitan intent is the “paradox of necessary indifference”<sup>178</sup> already existent in urban culture. Before moving towards these theorists, Nielsen gives a specific definition of Acts of Citizenship beyond what we have been introduced to previously.

“I understand acts of citizenship in the broadest non-violent sense to include the multiple ways in which actors come out of the non-participatory blasé urban attitude to engage in disputes over a wide variety of common goods”<sup>179</sup>.

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<sup>174</sup> Bergo 2008: 58

<sup>175</sup> Bergo 2008: 59

<sup>176</sup> White 2008: 55

<sup>177</sup> Nielsen 2008: 266

<sup>178</sup> Nielsen 2008: 266

<sup>179</sup> Nielsen 2008: 268



Hence, the precondition as stated above is explained in terms of acts. Disengagement, as seen more commonly than not, in urban culture, is according to Nielsen what inspires someone to act and disrupt the order of things. It is also a necessary establishment and contrast to the engaged, *active* citizen. Urbanity envelops an indifference that well contrasts the ways of acts of citizenship. This is where Nielsen begins, in the indifferent politics and established lives of urban citizens.

The act is ultimately subjective because it occurs from within the person, and inter-subjective in terms of answerability to the other. These acts are also and inevitably exclusionary. “Acts that step into the participatory out of the non-participatory are answerable to both general ideals and unique performances”. A simultaneously particular and universal answerability is what separates acts of citizenship from other forms of social action. Acts that do not inhabit these components are those acts that are in danger of becoming uncivil and violent. This reaffirms the statement that acts of violence cannot at the same time be acts of citizenship.

With reference to the (famous) story of the Bus Uncle, a ‘monologue’ argument between a middle-aged and a younger man on a Hong Kong bus, Nielsen describes Mikhail Bakhtin’s *dialogic pluralism*. In the dialogic dimension lies an anticipation of response. Acts of citizenship can deteriorate into one-sided acts of incivility, says Nielsen, when they do not recognize the audibility of equal voices. Equality is a prerequisite for acts of citizenship to be answerable. Nielsen states that “act of citizenship means making the word your own”<sup>180</sup>. This implies that it is not only through the act that the subject becomes citizen, but further that through the act and through becoming a citizen I take responsibility for the act and make it my own.

Nielsen continues with a reference to Simmel’s description of the blasé attitude and the stranger as ways of being urban, in other words as generic types of the city. The local anywhere is becoming universal everywhere. In this lie the implications of unconditional hospitality of cosmopolitan urbanism and citizenship politics. “The subject of hospitality also contains an opposite element of hostility”. According to Simmel, indifference is part of the street mentality of urban life that helps us maintain individuality whilst creating the necessary distance to digest continuing impressions from the city. Yet Nielsen claims that one cannot remain indifferent in the city because there is always the threat of violent and

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<sup>180</sup> Nielsen 2008: 273

“incomprehensible” aggression to which we must relate<sup>181</sup>. It is in the participatory state of being that acts of citizenship occur. “One is either indifferent towards difference or one is not”<sup>182</sup>.

Nielsen claims that the first condition for an act of citizenship to be just is that it be unique and non-repeatable and yet able to make an enduring and convincing argument. The second condition for justice is that the act is divisive. This necessitates a distinction between moral subjectivism, the collective emotion that defines the universality of enacting a culture of citizenship and individual law, unique expression of the person who acts out of a life history.

To Nielsen the act of citizenship is not a calculated intention, but rather an individual law. For the act of citizenship to take on ethical responsibility each act must be given the value of singularity whilst considered in the context of all other acts. “For the actor in the act of citizenship, the ethical question of how I ought to act in this individual answerability is based ‘on all I have ever done, been and ought to have done or been’”<sup>183</sup>. Act of citizenship becomes the moment in which exclusion and inclusion meet and is dealt with, so to speak. The ethical responsibility of acts of citizenship is that the actor is answerable to whomever the message reaches and the receiver is equally answerable to the messenger. I interpret that Nielsen’s argument suggests how act of citizenship need not be, or is in any way not confined by duty, norms or ideals.

To conclude this presentation of the theory on Acts of citizenship I would like to draw attention to three of the example acts that Isin/Nielsen introduce. I find that they illustrate well what kind of acts the authors relate to practice.

### **Abraham’s sacrifice**

Wells explores Abraham’s sacrifice of his son Isaac as the original act: “while interpretations of this story have generally been limited to the domains of theology and moral philosophy, it can also be thought of as an act of citizenship – perhaps the original act from which all others issue”<sup>184</sup>. What makes it so extraordinary, according to Wells, is that the act of murder, and additionally the murder of one’s child, meets the act of obedience in a divine dilemma. Laws

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<sup>181</sup> Nielsen 2008: 278

<sup>182</sup> Nielsen 2008: 279

<sup>183</sup> Nielsen 2008: 283

<sup>184</sup> Wells 2008: 75

will be broken and the subject of *the calling* is brought into question. Wells refocuses on the actor, Abraham, and the calling by God to act, which needs no justification.

What this example makes so clear is that an act of citizenship can emerge from unbearable current affairs, the calling to act when there is a desperate need for change. “The act of citizenship is strictly inexplicable and incomprehensible because the sole basis for explaining and for comprehending anything is the field of convention and language, which is precisely the field that this act seeks to disrupt. There is no way to describe the moment that demands an act, other than as a call”<sup>185</sup>.

### **Antigone’s offering**

Wells analyses ‘Antigone’s Offering’ as an act of Citizenship. He argues that the complexity of Antigone’s act as she buries her brother Polynices, successfully describes the oppositional forces of acts of citizenship everywhere. Acts of citizenship have the potential to change the existing habitus, the religious or legal codes of society. Whilst doing so, claims for rights are made and obligations are questioned. Wells describes the claim to be a citizen as the first level of abstraction in an act of citizenship. The non-citizen and the citizen are placed in oppositional positions and their status, with its legal content, is questioned.

Wells discusses four possible motives, so to speak, for Antigone’s act. Is Antigone acting on behalf of her brother as a non-citizen, claiming his right to be a citizen of Thebes? Is her act one of obligation, reaffirming the citizenship of family? Is it a moral act that values the ‘transcendental body’ over any earthly law or is it an oppositional one? The latter would question the citizenship of others, according to Wells. “...Antigone’s act usurps and deconstructs the stable forms of citizenship by deliberately applying rights reserved for citizens to a non-citizen par excellence. Here, Antigone does not assert Polynices’ status as a citizen within any body, but rather throws everyone else’s citizenship in question”<sup>186</sup>.

### **Soldier-Citizen-Hero?**

Burgwin addresses the potential danger of analysing all acts as acts of citizenship when stripping them of their claims to apply meaning in the name of media and public logic. Pat Tillman became the image of the heroic and selfless fight on terror in America’s occupation

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<sup>185</sup> Wells 2008: 78

<sup>186</sup> Wells 2008: 81

on Iraq, and during the aftermath of September 11<sup>th</sup> 2001, when he died in an ambush while stationed in Afghanistan. Burgwin calls it “his story of patriotic self-abnegation”<sup>187</sup>. Whilst Tillman himself refused to make public comments on his choice or appear in the media, the story of his death was adopted by the American government and drained for real content to perfectly mould the heroic face of America. Tillman came to represent and justify war, but also the true virtues of America. Whilst there were no “weapons of mass destruction” to be found, as Burgwin notes, Tillman helped “obscure these images at least for a while”<sup>188</sup>.

### **What are acts of citizenship?**

They are unique, political, relational and answerable, emotional deeds that break with habitus, claim rights and impose obligations in convincing, creative and expressive manners whilst being the actual moments that shift established practices, status and order. They emerge somewhere between universal inclusion and inevitable exclusion.

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<sup>187</sup> Burgwin 2008: 89

<sup>188</sup> Burgwin 2008: 90

## Chapter 7: Discussion

In the following the material from Gatehospitalet will be compared, interpreted and discussed with the theories that have been presented in the chapters: **meal traditions, institutional practice** and **contemporary citizenship**. The research question was:

What implications might the investigation of meal traditions and the practice at a religious health institution have on the development of contemporary citizenship theory? Can certain approaches to caring contribute to the development of an experienced, non-orientalist citizenship for the future?

### Meal traditions

In this section the theoretical meal and other meals at health institutions will be compared to the meal at Gatehospitalet. Can theoretical terminology from meal research help us understand the meal at Gatehospitalet?

Carol Counihan described food as intertwined in any human's levels of being from the most intimate body to the public spaces of society. Food was associated with power and social organisation, family and professional life. Because we eat, and often do so in the company of others, we can assume that we are all familiar with the concept of the meal.

According to Greene/Cramer food was also a way of communicating identities and connecting to others. *Social ties* were made when people ate together and Borque claimed that through food we confirmed our memberships to a community. This was further described in a religious context by Moxnes who interpreted meals in the Gospel of Luke. The meals became symbolic for how Jesus Christ invited the outsiders to become members of the community. The meal was a potential way of creating, maintaining or destroying the boundaries of the community. This exemplifies how eating together at the same table involves more than sharing food.

Food and meals are a part of our lives regardless of age and the context in which we might find ourselves, as children, adults and elderly, at work, home and as patients.

Health institutions have different routines for meal servings. Meals may be something to look forward to like in some homes for the elderly where meals are served in common rooms,

menus are varied and the food looks inviting. Meals can become ways of socialising with fellow patients and staff. In hospitals where patients are bedbound the meals are served on trays and most often eaten alone or with the assistance of a nurse. There are many variables that contribute to bedbound patients being poor eaters; loss of appetite because of illness is one of them. Patients are prone to developing malnutrition and efforts are made to improve the nutritional status of patients by generating positive associations to meals. A parallel that might be drawn between all meals in institutions is that they symbolise something other than the rest of an often monotone day as patient.

### **Is the meal at Gatehospitalet also more than eating?**

It seemed that the meal was a welcome part of the day. It was an established routine to the extent that even when patients were in isolation and prevented from participating, staff prepared food and ate just as they would any other day. As a patient one was not allowed to go outside alone. The day at the hospital was both predictable and controllable. The possible places to occupy inside the ward were the terrace, smoking room, private rooms, medical examination rooms and common area. Because other parts of the day seemed to such an extent to be limited, it is interesting that in both wards, the patients almost always chose to participate in meals.

Focus has been on the female patients who preferred to spend almost every other possible moment alone in their private rooms. One would rarely meet a female patient except for during meals. Assumptions can be made that the meal must offer something to these patients that makes it worthwhile the effort of leaving their private sphere and entering a social situation.

What has also been emphasised is the way patients and staff communicated during the meal as opposed to before or after. There was a subtle, yet fundamental difference in tone of voice, context and subject. Whereas before the meal there were specific examples of silent, private conversations between patients and staff, there was more often complete silence in the living room/public area of the female ward. At the same time, there were often private topics and personal stories being talked about during the common meals. Conversations could be about common things, political events, debates, and patients like staff would engage in these conversations. During the meal it was particularly evident that the patients also shared stories and opinions.

It was assumed that most other communication between patients and nurses took place in the private rooms and during medical treatment. The situation in the men's ward has been noted to be somewhat different to the women's ward, the men occupying and hanging out in the living room prior to the meal. Still it would seem that in both wards, the way patients and staff communicated *at the table* was different to before and after the meal. Here assumptions could be made that an implication of sitting down together to share a meal opened for a situation in which patients and staff related and communicated with each other on different terms.

The menu would consist of a combination of spreads such as ham and eggs, and bread and leftovers from dinner the day before. While there was nothing extraordinary about the food itself patients and staff showed much appreciation for the meals. Often they would be keen to inform me, the outsider, of how great the concept of people eating together was. And often comparisons to other institutions were made that would strengthen the argument that Gatehospitalet had a practice out of the ordinary. The excitement about the meal seemed to exist independent of the actual food served. While food served was always a topic, the intentional participation in the meal seemed to surpass the need to beat hunger. From day one it seemed as though the social aspect of the meal welcomed participation as much as the food did.

Returning to the question of the meal as more than eating it could seem that at Gatehospitalet the threshold had been lowered so that all the participants felt equally able to contribute in some way once seated at the same table. First, the repetitive actions (preparation, routines, schedule) and symbols (how the table was set) shaped the secure environment where the participants could let their armours down and enjoy the meal. Second, the participants being both patients and staff seemed important for one particular reason as I see it; they shared a physiological need. From this there are many consequences. One is that sharing a need is revealing the vulnerability of being. The other is that participation is voluntary, acknowledging each person's ability to choose. So while the meal joins people together, each individual seems to fulfil it on their own terms.

### **Does the meal have a social function?**

Fjellström claims that in order to relate food and meals to people's lives one needs to understand food's cultural system of knowledge. It has been suggested that food be viewed in terms of categories such as etiquette and cuisine. By etiquette I interpret Fjellström to refer to

what is more commonly known as table manners. A fundamental source of knowledge to how we behave at the table derives from individual and collective histories. Etiquette is also related to socially held norms and cultures. If we apply this meaning to how we behave at the table it appears that the meal has value as communicating identities and relations to others.

The meal can also be a space for mirroring our histories and determining differences and equalities. Since cuisine is related to culture it can be said to carry meaning as a cultural symbol. Fjellström refers to *foodways*, a term used by anthropologists, folklorists and ethnologists to describe the connection between food-related behaviour and patterns of membership in a cultural community, group and society<sup>189</sup>. Our foodways are materialised in our daily lives as food production, preparation and consumption.

If we imagine all these aspects of food as meaningful in some way or another to the way we live our lives there are particularly two implications that are important when discussing the meal at Gatehospitalet. One is the potential the meal has as a social arena. As notes this social arena is one where each participant of the meal brings his or her history and culture through their experience of etiquette and cuisine. Another thought is how it affects participants of a meal when they are only passively involved in the food processes prior to the actual meal. Can a patient then be assumed to relate, behave and bring similar sentiments to a meal that is always produced and prepared outside of ones 'identity'?

There were indications that the meal offered something other than just food to both patients and staff. For the staff the actual participation in the meal is a part of their work description. Some of the staff compared the meal at Gatehospitalet to experiences from working in other institutions where food servings were either more private, patients eating alone, or more public, patients eating in large food halls with a staff supervising by the door. Some suggested that their work was made easier through the meal practice at Gatehospitalet because it enabled sharing and trust between the staff and patient.

Based on the description and analysis of the meals it can be claimed that they are routines. By this I refer to how the plan and execution of each meal appeared similar to the previous. Any changes in events were therefore very visible. One day there was a quiz during the meal. It was very simply executed and we ate as usual while a nurse read the questions. People

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<sup>189</sup> Fjellström 2005: 26



shouted out answers, got very involved, some were offended when their answer was incorrect and others laughed. What was interesting during this meal was that it was just as social as any other day. The quiz was not planned or announced, it was a sporadic event and a patient told me that they usually had a quiz once a week, but not on any fixed day. It did not seem to make the meal anything more than it already was. Anyone who has spent some time in a hospital knows that special events are appreciated, anything to break the routines. The quiz was one of these events, but it had no obvious effect on the social atmosphere other than being a fun thing to do. I find that this example illustrates the established sociality that the routinized meal inspires.

A particular episode has been described in chapter 3 when a male patient asked me to cut some more vegetables to put on the counter. He then made sandwiches with bread, butter and small piles of the vegetables on top, at least four different kinds. When he sat down at the table he poured himself a glass of milk and began telling us (three other patients, a nurse and myself) about his childhood. At this point another patient joined the conversation and told us about his childhood and how some serious events had shaped his life and the choices he had made.

Looking at this episode in terms of food identity it is interesting to note that this patient, only after making his *own* food related and shared something about his *foodways* with the rest of the participants. The other patient then got involved and related food with his own domestic history. While one thought could be that the patients were merely passive consumers of the food physically placed in front of them, this would imply that they had little or no opportunity to bring the sentiments associated with *foodways* to the common meal. The experienced meal seems not to correspond entirely with this image of the passive patient consumer. Several situations indicated that the patients who had the energy to do so, chose carefully what ingredients to eat or made their own combinations of what was available. In some cases these situations developed new topics for conversation based on the specific food choices that each patient had made. Associations to history and identity were made through the imagery of food. From this it may seem that the power to choose and shape the meal in some way made sharing and mirroring of foodways possible.

### **Are meals at Gatehospitalet empowering?**

In an article on food in prisons Ugelvik claims that inmates use food as expressions of power. Based on extensive observations and interviews in Oslo State Prison he has observed how the

inmates perceive the food served in prisons as a symbol of oppression. Many inmates refuse to eat the food they are served and instead they develop ways of preparing food in compliance with their individual perceptions of cuisine. The *illegal* food preparations involve generating heat from light bulbs to fry food and making steam cookers from electric ovens to cook rice etc. Ugelvik claims that in forced and enclosed situations primitive elements of our daily lives such as food become potential ways of acting against the system. In this case food becomes a powerful expression of culture and identity. The most extreme examples of food as power are known as hunger strikes. When it has been said that meals are fulfilled on individual terms Ugelvik's claims about food and power are important references.

Rethinking the meal at Gatehospitalet with food as an expression of power one must look deeper into the way food is handled and prepared. Although the material gives little information about the idea behind the actual food served at the hospital, it does give insight into what happens before every meal. The meal happens according to a strict time schedule where two nurses have kitchen duty and patients serve themselves to food at almost the exact same time every day.

The kitchen was one of the places at the hospital where patients were not allowed to go. Instead they had their own fridge outside the kitchen wall where they could store personal food. The kitchens in both wards were hidden behind semi-closed doors. Patients described that they sometimes suggested waffles or cakes for special occasions, but otherwise had no say in what was on the menu. Unlike many other health institutions there were no alternative menus to choose from.

When admitted to Gatehospitalet the marginalised become patients together with people who have similar experiences and lifestyles. One could say that their marginalisation was put on hold, or even that it took on a different shape as these people become patients. Goffman has described<sup>190</sup> how patients establish practices to adapt and resist the institution “create areas outside the official control where they can temporarily counter the multiple threats to self” (basic bodily functions being made public and being subject to the administration of the institution). I interpret this as a way of re-inventing the self as a patient. A key point here, as

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<sup>190</sup> Goffman 1967 in Ugelvik 2011

noted by Ugelvik is that patients do whatever is in their power to constitute their autonomy<sup>191</sup>.

This chapter has established that the hospital practice is routinized and creates stability. On the one hand the meal appears like a constant independent of its participants. On the other, the ideal common meal is fulfilled on the condition that the people who share it should represent both the carers and the recipients of care. Experiencing the meal has shown that the moment when these two groups of people sit down at the same table the traditional hospital scene shifts slightly. These shifts occurred at every meal, making them predictable and socially different from other parts of the day at the hospital. It seemed that through participating in meals patients connected associations with food and sentiments of social behaviour with their personal stories. This sharing might at times be empowering.

### **Summary of meal theories and Gatehospitalet's meal compared**

From reading the meal at Gatehospitalet with the terminology from meal research we can understand the meal as social, individual and even empowering. I have interpreted the meal there as being a situation where patients can express and share their foodways. Food was also noted to be a powerful expression, to eat and not to eat could reflect acceptance or mistrust as was the case at the example from Oslo State Prison. Because patients in both wards chose to participate in meals when they could have eaten alone I also made the assumption that the meal had value beyond eating.

Mentions have been made of how theories have claimed meals to be social arenas. With regards to communication it seems that the meal changed something in the atmosphere at the hospital. It also appeared that the communication between patients and staff was more relaxed during the meal than before or after. There were examples that showed a more typical, private type of communication before the meal, soft voices and topics that seemed to be hospital-related, while the communication during the meal was more open, public, yet at the same time personal.

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<sup>191</sup> Ugelvik 2011: 48

## **Institutional practice and caring**

The following chapter will focus on the institution that is Gatehospitalet and the meal as one of its institutional practices. This will be discussed against the theory on discipline and institution that has been presented by Foucault. Are there traits of normalising mechanisms at Gatehospitalet? If so, are meals also disciplinary?

## **Planned and disciplined**

As the mere tool by which the state controls its citizens, Foucault's theory on discipline and institutions opens for interesting reflections around citizen and state. Gatehospitalet fits into a long line of traditional care giving. The convent-like exterior and the location, hidden in the outskirts of the city, it can be seen as a place functioning both as a caring facility and corrective institution for the ill. Equally important is the protective function that the institution has in society. It keeps the ill away from the citizens proper.

Recent debates on the particular group of drug addicts that patients at Gatehospitalet represent just confirm the relevance that *moving* outsiders away has in today's society<sup>192</sup>. The group of patients at Gatehospitalet represents some of the most marginalized citizens in Norwegian society and Oslo has one of the highest numbers of drug addicts who inject drugs with needles according to population in Europe. The main train station is a centre for drug dealing and both national and international commuters arrive at the station. Without speculating much on why and how, heroin addicts are heavily marginalized, living on the edge of society. Both the government and the majority of society, it seems, have given up on them.

## **Spatial expressions of power**

Foucault described the architectural changes that started taking place as disciplinary methods for effectiveness were developing. Ranging from obscure visionary mechanisms, such as peep holes to more obvious ones such as the half-doors in the latrines at schools, surveillance was the method through which the power to separate, control, correct and make citizens could

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<sup>192</sup> Refers to the plan to move drug addicts from Plata in Oslo, decided through municipal policies and required local police forces

happen. In relation to the field study the question of surveillance at Gatehospitalet will be discussed in greater detail. Is there an *anonymous power* of visibility at this particular hospital?

The monastery-like building is of grey stone, looking out onto the city, itself remaining hidden. The door is locked and there is no sign that can reveal what the building houses. The staircase is silent and the doors leading into each ward are heavy.

The surveillance institutions came in many shapes, from the panoptical construction to buildings resembling pyramids. The most effective tool for surveillance was the one where the observer could see all the individuals from one central position. What is most apparent about Gatehospitalet in light of the mechanisms for surveillance is that the building itself is so anonymous to the outside world. It is located in a part of the city where both caring and incarceration has taken place for centuries. Across the street is the Oslo Prison, and a few blocks down, the medieval Oslo Hospital.

The difference between inside and outside is great. In this it is essential to consider how the patients are in a way escaping their lives and as such the architecture serves the purpose of creating a space where patients can feel and be safe. Another thought is that the hospital is hidden exactly here to keep the patients away from society. A critical question might be whether these patients with their shameful diseases are unwanted together with patients elsewhere? Here, at Gatehospitalet, they are out of sight.

### **Marginalisation to normalisation**

The normalisation process that Foucault describes is the method by which outsiders are moulded to fit society. By means of controlling, scheduling, making visible, subjects become insiders, accepted and more efficient. These methods are systematised by authorities whose knowledge give them the power to say so, and occur in places optimised for carrying out the specific methods. So, wherever there are outsiders, there are institutions to make them belong; hospitals, prisons, schools, and asylums.

Applied to our time and site of investigation, normalising processes are continuing to make systems of institutional inhabitants. There are certain rules of conduct, necessary as they are, they are also disputed and large fields of knowledge are dedicated to investigating various misfits, ethical challenges and ways of making responsible the individual professional and civilian. Amongst these discussions lie issues such as autonomy and citizenship. Are patients

treated as autonomous human beings with the power to control their own lives? How can the system empower inmates in such a way that they are fit to meet the demands of society? How can we ensure the dignified treatment of each patient?

In the case of Gatehospitalet, patients are already on admittance weak. They are weakened by name and behaviour, choice and label. Arguably, the meal might be the one place where they are not just regarded as marginalised or patients.

### **Physical sharing**

Participating in the meal was a very physical experience that at first simulated the sensation of someone diving into your own personal space. This confirmed the physical intimacy involved in eating together at the same table. Additionally, being seated at the same height inspires eye contact between all participants. During the first meal as participant I was somewhat overwhelmed by the privilege of being seated at a table with strangers, some of whom I had doubted would look me in the eyes. Perhaps a prejudice made me believe that drug addicts, such as the ones I meet in the street, always look down. From a research point of view it was particularly interesting to experience the direct communication that took place around the table as we had sat down to eat.

In chapter 3 it has been described that verbal communication between the staff and patients occurred mostly during the meal. Other forms of communication happened that involved the physical passing of things (salt, pepper, napkins etc.) between the participants. Passing things from hand to hand involves several elements of sharing that we in everyday life take for granted. First, one has to ask the other for something and the other has to reply. Then follows the physical touching of hands, eye contact and signs of gratitude. I asked a patient to pass me the milk; he reached for it and gave it to me. Our eyes met and I said thank you. A surprising result of these gestures was how the experience of actually sharing was enhanced. The results have given the impression of a “normalised”, domesticated meal where everyday topics were discussed; a relaxed situation that was still formalised in the shape of a ritual.

From chapter 3 we could also read that the table was set according to a certain plan. Food was placed on the counter, drinks, napkins etc. on the table. An implication of the gestures that I call passing things around is *physical sharing*. Being seated at the long table, things that are placed in the middle of the table have to be passed from hand to hand and results in all

participants more or less having to get involved. These are essential elements of the meal and I imagine that they also have value as rare ways of being social for people who live much of their days in solitude away from the public eye.

Had these simple elements been placed on the kitchen counter together with the rest of the food, there would have been no physical sharing at the table. People would most likely have had to get up more frequently from the table as they needed something and the entire situation could have played out differently. These very obvious gestures contributed to the experience of actually sharing and eating together and at the same time they were planned and staged by the hospital. Interpreting the sharing with what Foucault called mechanisms for planning and controlling individuals, it could questionably be a constructed implication of the meal that all participants should share and pass things around in this exact manner.

### **Summary of Gatehospitalet seen through the readings of Foucault**

I have claimed that the meal at Gatehospitalet could be seen as a constructed and planned type of sharing. In a sense this claim can question the legitimacy of the meal and what it has been said to represent in the same way as a theatre play is only a staged version of reality. But the experience of the sharing is nevertheless real. Understanding something about the other participants, hearing their stories and sharing one's own was however planned, also real. How then can a critical reflection as the one found with Foucault help discuss the meal as having to do with citizenship?

Foucault reveals some unsettling elements of care and the way this is carried out in institutions. Reading Gatehospitalet with Foucault unravels that some of the practices might be discussed as disciplinary functions. The already marginalised group that the patients represent are treated in an enclosed environment away from other patients and from the *normal* citizen. This confirms how institutions still play the protective role in society. Foucault's perspective also gives a fitting description of the way institutions plan for the normalisation of patients. Although some specific disciplinary mechanisms may be seen at Gatehospitalet there is still something about what happens there that Foucault's theory does not entirely catch. One of the elements that make the hospital different is that it is not primarily a place for rehabilitation, but for immediate somatic care of wounds and the

physical body. This is evidenced by the fact that most patients have been there before and are likely to return in the future.

These contradictory interpretations of the meal at Gatehospitalet as both social and empowering, and disciplinary and powerless seems to point at some of the ambiguities involved in care for the marginalised. To be able to further relate the meal to citizenship I have considered it important to see how patients are both being disciplined and cared for. To understand that Gatehospitalet reflects essential values that we rarely find outspoken in other health institutions, but that there are also traits of the instrumental caring that is perhaps to a certain degree a necessity for proper treatment in all health institutions. With these issues in mind I will now move towards a discussion of the meal and citizenship.

### **Contemporary citizenship**

How does contemporary citizenship theory look through the investigation of the meal at Gatehospitalet?

Some of the citizenship theories that have been presented have similar aims for finding ways of including and addressing difference. Their approaches are however expressed in complex ways so before looking at the question above I will interpret and summarise some essentials from these theories.

### **Interpreting citizenship theory**

The theory on Acts of citizenship focuses on the *becoming* of citizens. This line of thought is concerned with *how now* whereas theories during the last two decades have been concerned mainly with citizenship as belonging, as part of practices and institutions developed over time. Focus on Group-differentiated citizenship and Multiculturalism have paved way for a general redirection towards describing citizenship beyond status, rights and obligations.

I interpret Iris Marion Young's claim for Group-differentiated citizenship to be one of difference as a source of recognition. She has called for special rights for groups that acknowledge their difference and critics have argued that making room for difference in this way might compromise the very ideal of a unified citizenry. Perhaps another critique could be that by focusing so much on what makes specific groups different, rather than being



recognised, they are in danger of being classified even further away from the continuing group of citizens that are defined as normal.

This has been one major concern when trying to develop policies for equal integration and recognition. Tariq Modood seems to have taken the discussion a step further by including the important issue of religion in the increasing secular space. His focus on the multicultural implies that there exists at any given time a multitude of differences coexisting in our modern urban societies, and that rather than avoiding differences they should be voiced.

Modood's argument about voicing difference is addressed towards the ones who are actually feeling different. This changes the conditions for difference, then, because it is not a label forced on any group or individual by policymakers, but a positive label with which these groups or individuals associate themselves. This is where multiculturalism and the theory on Acts of citizenship seem to complement each other. Similar is how both theories call for action amongst the ones who experience their citizenship at stake and how this can also be seen as an affirmation of each person's ability to being political. Where Acts of citizenship are concerned with acts that shift practices, Multiculturalism emphasises the personal and group-traits that should be equally able to influence the space occupied by all citizens. The latter may therefore also be interpreted as a theory that deals with spatial justices and injustices as were mentioned in chapter 6.

According to Modood, one of the positive differences that need to be voiced is religion. He notes that secularism is permeating our (the Western world) public space and that rather than developing tolerance for difference based on religion under a secularised democracy banner, religion may also shape the social body (democracy) with positive difference. I find that this is a suitable place to bring in Gatehospitalet and recall that it is in fact a religious organisation operating in, and funded by, a secular system. If Modood had investigated Gatehospitalet he might have found that it was a place that contributed to extending difference beyond its boundaries. At the same time, Foucault has reminded us that there are certain spatial and disciplinary features that make Gatehospitalet's practices maintain what can seem like a traditional classification of the different.

## Re-introducing Acts of citizenship

A good place of departure when re-introducing Acts of citizenship is the acknowledgement that Isin and Nielsen have opened up citizenship theory through this shift in emphasis from practice to break. In other words, when citizenship theory has been concerned with the givenness of orders, Isin/Nielsen are focusing on the ruptures in the given. Yet, they claim that only certain acts qualify in this sense to citizenship. When Isin/Nielsen make *the act* itself an object of investigation they are breaking with citizenship theory that has been majorly concerned with establishments of citizenship through practices. This investigation becomes representative for understanding the importance of acts in relation to habitus, to action and to the other. In relation to habits or practices, acts are those moments that break with these.

It seems almost as if the strict conditions for acts of citizenship limit any potential discussion involving acts and practices to only those political and ground-breaking events that have shaped history. I think that perhaps Acts of citizenship should not be interpreted this narrowly, at least not if a discussion aims at opening for new reflections on both theory and practice. Acts of citizenship are representations of opposition to the establishment and therefore they must be political, but most of all they are breaks from the ordinary and often detrimental policies that through this very continuity of repetition maintains some people's inferiority to others more powerful. It is at this level I find that Acts of citizenship can be discussed with practices such as the meal at Gatehospitalet.

In order to relate this influential theory in current citizenship discussions to the meal I have identified two traits that seem to define acts of citizenship in common terms. These are **the break** and **the time**.

### The break

Imagining change and acting out an act involve the ability to think outside the given, which in turn involves creativity. Creativity can in other words produce a break.

Focus will now be directed towards the conditions for acts of citizenship and how these relate to the meal. The results of the field study have been presented in the categories *before*, *during* and *after* the meal. It has been described how the female ward was notably silent, the patients were nowhere to be seen and just as it was time for the meal patients and nurses appeared. Then the atmosphere changed. As people took place at the table the noise of several

conversations, the occasional laughter, some voices always louder than others, occupied the previously silent and static space.

I have suggested that the meal is a break from the hospital, even from marginalisation, but can it also be a break according to acts of citizenship?

At both wards there was a change in how all the meal participants communicated when seated at the table. It was almost as if the table symbolised a space that invited sociality in a different way than other parts of the hospital. To what extent patients were conscious about their decision to join each meal is uncertain, but their actions confirmed that they would rather eat at the table than eating alone in their rooms. It is probable, still, that this is subject to a routine that has been built over the years and that each patient adapts to this routine rather than question it. This would imply that the breaks that the meal are said to represent are of a different nature than the politically charged breaks that condition Acts of citizenship.

Let us now look beyond Acts as breaks because as much as they are both breaks and creative, they are also answerable to another. Isin claims this answerability through an act is different to the responsibility of action. Acts are realised through action and performed by actors. A consistent metaphor, the play, the scene and the actors are elementary to understanding acts.

Isin says that involving oneself in the act is engaging in its very creation, not fleeing from it, but rather remaining at the scene<sup>193</sup>. There are indications that even the most unlikely participant, the investigator, the reader, is answerable to the act once he has witnessed its creation. When Isin claims, “the experiencing of an experience is mine”<sup>194</sup> he explains an attempt to “write the investigator into the act as an actor” which relates to the answerability implied by a presence at the scene. With this in mind I find that the theorisation of acts is on the one hand a description of acts passed, on the other a call for action in the future. Through symbolic, fictive and historic acts, the readers are reminded of the potential to act in the name of citizenship.

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<sup>193</sup> Isin 2008: 27

<sup>194</sup> Isin 2008: 31

## The Routine

It has been said that the meal is routinized and predictable. The described order of events surrounding the mealtime occurred in a more or less similar fashion every day of observation. It has also been claimed that the meal can be understood as a social arena and that it offers ways for patients to express and confirm their foodways. There are suggestions that the meal might at the same time be a break from what is otherwise known and felt as hospital-life, but not the kind of break that in citizenship terms produces ruptures in established practices. The material exemplifies the changes that occur in social atmosphere as the meal begins and similarly how the *hospital* returns after the meal has finished.

The question then might be what the meal is a break from? Thinking of Gatehospitalet in light of the theory on Acts of citizenship it has become increasingly convincing that there might be a connection between the anticipation of what comes after the act and the actual consequence of the meal. When patients choose to participate in meals it may be said that they actively entered into situations in which they knew that they could be themselves, not patient and not marginalised. If these situations are viewed as those scenes where acts of citizenship can be played out, does this have impact on the answerability that each participant has towards the other? I believe that the answerability is an acknowledgement of potential to act, in addition to expanded responsibility that Greg Nielsen discussed. Perhaps this also contributes to the making meals valuable to the ones who participate in them. May this answerability be what makes the meal more than a disciplinary mechanism for instrumental treatment and in fact be what makes it *real*?

## The Time

The theorisation of Acts of citizenship can with its focus on breaks be interpreted as a *temporal* concern with the moments when acts are actualised. At these moments, actors are born, or as Isin puts it: “To investigate citizenship in a way that is irreducible to either status or practice, while still valuing this distinction, requires a focus on those acts when, regardless of status or substance, subjects constitute themselves as those to whom the right to have right is due. But the focus shifts from subjects as such to acts (or deeds) that produce such subjects. The difference, we suggest, is crucial”<sup>195</sup>.

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<sup>195</sup> Isin/Nielsen 2008: 2

The *difference* may imply a broadening of the very definition of citizenship. When citizenship theory has been mainly concerned with how citizens arrange themselves according to practices, this theory opens for the investigation of how acts make citizens. “Whereas citizenship practices like voting, paying taxes or learning languages appear passive and one-sided in mass democracies, acts of citizenship break with the repetition of the same and so anticipate rejoinders from imaginary but not fictional adversaries”<sup>196</sup>.

I interpret that this shift has yet another, if not subtle implication. A redirection towards acts can be seen as universally applicable and as such it is an acknowledgement of the marginalised person’s potential to a voice of liberty and power. In line with theories on group-differentiated citizenship and multiculturalism we have seen how once voiced, oppression and marginalisation may make paths for change to the better. The manifestation of change is also the act. As such, this theory on acts is not only an investigation. In relation to what has been said about answerability it is implied that acts of citizenship calls for action amongst subjects of all sorts. It is a very universal call to be performed on individual terms and with claims of difference.

### **Time at Gatehospital**

After the meal had finished the female patients quickly returned to their rooms, leaving the living room area silent once again. All patients cleaned up their own plates and thanked for the meal. The male patients however often remained seated for a while after the nurses had started clearing the table. They would often spend longer time eating, sometimes cleaning up their plate and then returning to the dining table to continue a conversation with another patient. It seemed as if the male patients wanted to prolong the mealtime as long as possible.

The essential point I want to make here is not a comparison of the men and women, but a recognition that as soon as the meal had finished it was like both time and hospital reappeared. The meals finished when each participant decided it would, some seemed to define that as the moment when their plate was empty and others as the moment when the conversation was over. Either way, the break was officially over and whatever happened after that was no longer a part of the meal. Some of the patients, women or men, had treatments scheduled, some went to their hospital rooms and some stayed talking with other patients. Those special

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<sup>196</sup> Isin 2008: 2

ways of communicating between patients and staff, the stories and laughter, had however passed.

It appears that by joining the meal each participant can become something other than just a patient, just a marginalised. Neither becoming moulded units created by mechanisms borrowed from Foucault, nor if we use the orientalist approach, like *us*. It seems that during the meal they reappear like themselves.

### **The meal break – normalising or recognising?**

Reading Gatehospitalet as either a disciplinary institution or an act of citizenship the meal is in a way what makes least sense at the hospital. It seems that there is a long distance between the sudden, creative and political breaks that Isin/Nielsen speak of to the constructed and arguably disciplined breaks that occur at Gatehospitalet. The meal could represent the actual break from the establishment that is hospital life. The patients take part in creating a situation of togetherness and however constructed, the experience of being a part of something as equals is valuable. It may translate into what has been said to define the early stages of contemporary citizenship as belonging. Rather than becoming citizens in the sense of political and actively engaged subjects, the meal provides the potential for patients to express themselves, their personalities and histories.

Through the view of normalising mechanisms, some of which seem to fit the description of Gatehospitalet, what does not fit is the lack of immediate rehabilitative aim. A stay at Gatehospitalet does not usually make patients drug-free nor does it make them more fit to return to society. The longer stay at the hospital, the more difficult it may be to return to life on the outside. The aim is to give the best possible holistic treatment during the time it takes the physical wounds to heal. This is where the meal is emphasised as a crucial element in both feeding body and mind. Paradoxically, it is the routines that make the breaks. In citizenship terms this break might be one that transcribes the traditional divide between citizen and non-citizen. The aim with acts that break with detrimental habits is that they make better paths for “non-citizens” to claim their rights as different.

Where the aim is rehabilitation, there is pressure to proceed according to schedule. In order for these exercises to prevail, there must be some sort of power divide. Although the word power has many substitutes in health care today such as responsibility or even caring, it is

present throughout the relationships that exist between subject and professional – patient and staff. One has the knowledge to treat the other.

A hierarchical system, nevertheless, ensures the maintenance of this power divide. The meal is both a part of the routine and a break from the routine. It is a part of a system that aims to treat patients and still it represents something other than hospital life. It can be seen as one of many disciplinary measures, planned and executed in detail according to hospital policy. Yet something happens in real life that is different and larger than this plan.

So it may seem that what happens during a meal, however constructed, may also be contributing to something that is not only other than hospital-life, but also other than marginalisation. It might seem that this contributes to the experiencing of citizenship. The mealtime creates an opening for the people to appear. By investigating the meal as one of those breaks that are discussed in Acts of citizenship it has become clear that the meal is a break, just not one that constitutes an *act*. If we relate the meal to what was said about social and meaningful eating, the outcome of eating together could be said to have an empowering effect. Some speculations have been made as to what inspires people to eat together, and the only thing that can be said for certain is that Gatehospitalet's meal must mean something to the people who participate in them.

### **The original act of citizenship?**

It has been argued that acts of citizenship open for an interpretation of people that is universal in the sense that it applies meaning and potential to all people as capable of acting. We have also seen that acts of citizenship are the moments that shift practices from which unlikely actors remove themselves. I have identified a call for political activism that questions the state, the institutions and any practice that upholds unequal treatment, marginalisation, oppression etc. Sudden, on the verge of unconscious, but not violent acts that not only change the situation for the actor, but that involves the other and makes answerable both the actor and the audience.

The meal is not one of these acts. It is a constant, a framed and sealed construction of sharing and safety that somehow relates to citizenship in a way that questions the call for political activism and its range within citizenship theory. What happens after the act? Could we say that the meal at Gatehospitalet was once an original Act of citizenship that has been routinized into an established practice?

I would suggest that these meals be viewed as expressions of temporarily belonging that make them valuable *representations of citizenship*.

### **Some final comments to the citizenship theories**

There seems to be several connections between contemporary citizenship and the meal as it is practiced in an institution like Gatehospitalet. Considering the patients and the meal there are also certain elements of what makes citizenship important here. This can raise some questions to the theories.

In the theorisation of Acts of citizenship some real and fictive acts have been exemplified as those monumental moments when established practices are changed. When Antigone buried her brother Polynices the act questioned the worth of citizenship status of all other citizens of Thebes. Abrahams's sacrifice morally questioned whether a divine calling to act could justify the act of murder. At the same time it exemplified how acts of citizenship seem to appear under desperate circumstances.

An immediate interpretation implies that acts of citizenship are limited to describing those sudden breaks that have become historically known as extraordinary. I have tried to deconstruct acts into some simple, and arguably less intimidating units, in order to relate them to more ordinary practices such as the meal. From the analysis it appears that this theory gives little consideration to what leads up to, and happens after the act has been performed. It could have been interesting to read a continuation of the theory on Acts of citizenship where these temporal concerns were included. Any act powerful enough to successfully change an established practice, would necessarily breed new practices. Therefore one might think that all practices have in a sense been initiated by some sort of act.

This is how I have come to suggest that the Salvation Army performed what may be an Act of citizenship when they first identified that some should have a hospital where they could receive specific somatic treatment while at the same time being cared for as *whole human beings*. I suggest also that the meal is a continuation of this act.

Modood has argued for the multiple representations of difference from those actually experiencing difference. This appears as a very important point to be raised, because as we have read with Isin and Rygiel, difference is traditionally a label placed upon the others by those insiders who have the powers to classify in these orientalist ways. Modood has further



included religion as one of those differences that people might to increasing extent feel associated. This particularly applies to religious migrants who settle in secular societies. What Modood does not seem to include is how religious practices, such as some traditional ways of caring, are and have been influencing the care ethics that is being practiced in secular institutions.

A final comment to the theories is one that relates to the most marginalised, such as heavy drug addicts. While difference is addressed in many ways, what seems to be missing is the acknowledgement also that some people are marginalised to the extent that they are less likely, even when pushed to the most critical edge, to act out or voice their difference and right to citizenship. For some people it might be that belonging, to a community or a family, is the first of many steps towards recognition. Perhaps when that is achieved we can begin talking of becoming and claiming rights. Rygiel talked, in what I have interpreted as a very positive contribution, about how refugee camps should be viewed as potential spaces for citizenship through the politics of interconnectedness. It seems that while *belonging* is a privilege that most people already enjoy, it cannot be disregarded entirely as an out-dated type of citizenship. Practices that inspire belonging could therefore be included in theoretical dealings with citizenship for the future.

## Chapter 8: Conclusion

The meal at Gatehospitalet can be understood as something that we have already experienced, familiar to us through our own history, a habit in our individual lives.

Viewing the meal there in anthropological terms has enabled the development of claims that the meal carries meaning and sentiments important to their participants. It has been said that meals are traditionally the places and times where the community meets to share. As important as this is the role the meals play in joining and preventing division and the term *social cohesion* was used.

The effect of this daily sharing of commonalities and difference verifies the claim that food is knowledge. It was observed that when patients communicated their *foodways*, their identities, histories and cultures were shared and mirrored in the company of fellow participants. Thinking of all meals at health institutions it appeared that regardless of routine and ways of serving or eating, meals could symbolise a break.

Gatehospitalet has been analysed as a disciplinary institution and Foucault's theories on the mechanisms of normalisation can highlight ways in which institutions produce and uphold certain instrumental practices. As far as this goes the theory makes an important contribution to the description of Gatehospitalet. Foucault's theory draws a grand picture of power through institutions. The theory does not, however, explain the overall lack of rehabilitative aim that Gatehospitalet exemplifies. The hospital's values have been observable through their practice.

The theory on acts of citizenship inspires a temporal analysis of what makes citizens and a spatial understanding of where these places of struggle occur. There seems to be a connection between what is achieved through an act of citizenship and what is achieved through a meal at this specific hospital. It has been suggested in this study that the meal is in fact a break, one that may translate into citizenship language as a moment of both belonging and becoming. I would call this break one that symbolises a move beyond what is otherwise known as hospital-life. In this place, the meal break, it appears that patients come to life as themselves. Perhaps becoming in the case of Gatehospitalet should be substituted by *returning*; because rather than become citizens patients seem to return to their original selves.

This study concludes that while there are traits of disciplinary mechanisms at Gatehospitalet, there is something that happens in real life that is contra-disciplinary. Alternatively, it is a different kind of discipline, one that does not mould *them* into *us*. This alternative discipline is one that may be caused by the religious approach that Gatehospitalet has to caring. The terms used in citizenship theory to describe ways of recognising and including difference both within the community and beyond its boundaries, fit the descriptions of the meal at quite well. Could the meal be a place for experiencing citizenship?

If we imagine that the disciplinary mechanisms at Gatehospitalet carry a different meaning due to their religious attitude and lesser aim to find and create the *normal citizen*, could a claim be made that religious institutions for health care are in fact essential conveyors of a de-orientalising citizenship?

### **Concluding comments**

It seems that the meal at Gatehospitalet can tell us something about contemporary citizenship. There is potential here to see how citizenship can be nurtured in a space for the other. At the same time this otherness is shared in a way that Modood might have called *citizenship extended across difference*. I would claim that walls of power are temporarily deconstructed during the meal. By power I refer to the difference between the one able to give care and the one weakened to receive care. The possibility of having ones thoughts and opinions listened to and commented on can be assumed to have an empowering effect on the patients that is particularly important assuming the patient's marginalisation on the outside of the hospital. If one imagines these expressions of meaning and sharing as empowering it is also credible to assume that a space that allows for this to happen has something to do with belonging. The very essential point is that all these effects of the meal are only temporary, and this suggests the experience of being a citizen is one of many representations of citizenship, temporary ways of feeling like citizens, of belonging.

The religious institutions with specific traditional practices might also be places where these experiences can be found. If the meal at Gatehospitalet is this scene where possible acts can happen, could its very existence have value for the people who are participating, but not acting out their citizenship? Assuming that patients experience a sense of belonging, the meal has value independent of the potential act. While Acts of citizenship focuses on what happens when people constitute themselves as citizens through acts, it cannot monopolise acts as

breaks. Representations of citizenship such as the experiences described here seem equally important as a reintroduction of citizenship as belonging, potentially as the return of the person within the citizen. If we further assume that these experiences of citizenship are representations that have become habits, they might have evolved from the original act that the Salvation Army preformed when they created Gatehospitalet. It seems that these representations are the results of what comes after the act.

An suggestion for further development of citizenship theory could be an acknowledgement of the connection between belonging and becoming that does not return to orientalist approaches, but that recognises that in order for people to become citizens they must first and foremost experience belonging. This implies that difference, whether recognised or integrated, voiced or acted, should be viewed not only as what we have to become, but also as a way of belonging that is conditional to citizenship. This may be temporal, but it would seem that as representations of citizenship experiences of belonging as citizens may transgress traditional divides and legal status.

In this way I would claim that some important religious approaches to caring can lend examples to the further development of citizenship beyond the classification of otherness that has been called orientalism. Perhaps citizenship theory should aim to view people **with** difference, not as different.

### **Suggestion for further study: Heterotopic space?**

During the process of finishing this thesis increasing connections to what is known as *Heterotopic Citizenship* have appeared. Michel Foucault introduced the term Heterotopia at a lecture in 1967 called *Of Other Spaces*<sup>197</sup>. Wyller describes how it is becoming increasingly important to address *the Others* without forcing upon them the sameness of ourselves<sup>198</sup>. The heterotopic space is the space of the other, conditioned by the other. In the heterotopic spaces care can be given and received without returning to practices of instrumental discipline. Can it be the case that Gatehospitalet is one of these heterotopic spaces? The question is too large to approach within the frame of this thesis, but can nevertheless be important in a further development of the investigation of religious practices and citizenship.

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<sup>197</sup> Foucault 1967

<sup>198</sup> Wyller 2009: 8

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### **Attachment 1**

Initial contact and written reply from Gatehospitalet. This attachment is included in the printed version of the thesis only.

## Attachment 2

### Student på besøk ved Gatehospitalet

Jeg skal være med på måltider her ved Gatehospitalet, to til tre ganger i uken i en tid fremover. Jeg kommer til å veksle mellom å være med på frokost eller lunch og vil også få være med og tilberede måltidene.

Mitt interessefelt er **deling** og **likeverd** under måltidet og det er selve stemningen og situasjonen som er mitt hovedfokus. For å få bedre kjennskap til dette har jeg fått lov til å være med som deltager av måltidet. Jeg kommer ikke til å be om personintervjuer. Samtidig vil jeg presisere at jeg har taushetsplikt.

Jeg er veldig takknemlig for å få være her og ber om at dere spør meg hvis det er noe dere lurere på.

Helena Schmidt

Student ved det teologiske fakultet, Universitetet i Oslo